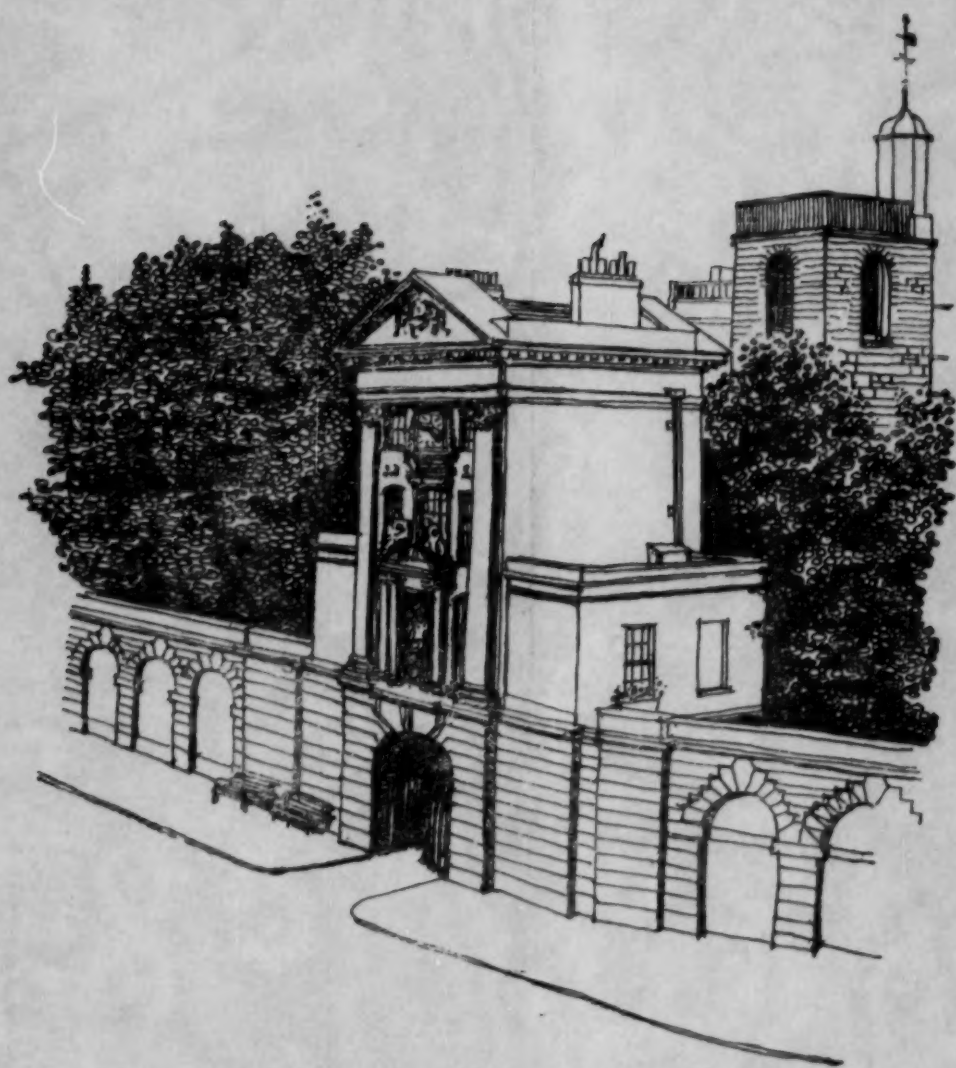


ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LX

FEBRUARY 1956

No 2

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Editor : G. D. STAINSBY

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CONTENTS

February, 1956

Editorial	34	The Christmas Entertainment	50
Notices	37	The Reverend William Pargeter, M.A., M.D., (1760-1810) Psychiatrist by R. A. Hunter and Ida Macalpine ...	52
Mr. Thomas Hayes: an Obituary by R. M. Vick	38	The Dietetic Treatment of Dyspepsia and Peptic Ulcer in Ambulant Patients by Miss M. E. Furnivall ...	61
Births, Engagements and Deaths ...	39	The Carol Concert	64
Students' Union	39	Psychosis—a poem by J. D. Parker ...	65
Letters to the Editor	40	Abernethian Society	65
The Antarctic Expedition by R. Goldsmith	41	Examination Results	65
The Law and Poisonous Substances in Industry by R. F. Guymer	43	Hospital Appointments	67
Candid Camera	48	Sports News	68
Christmas in the Hospital	49	Book Reviews	69

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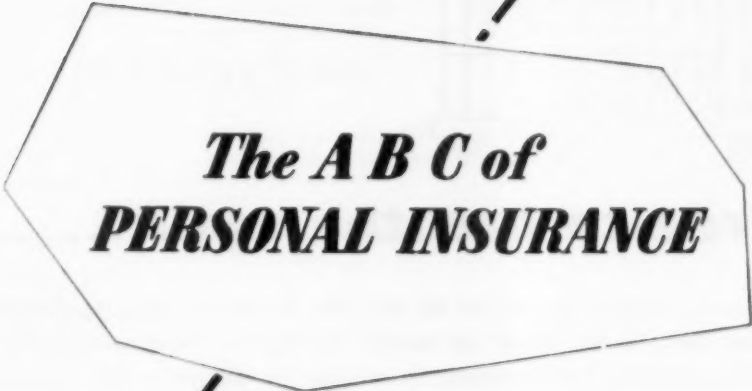
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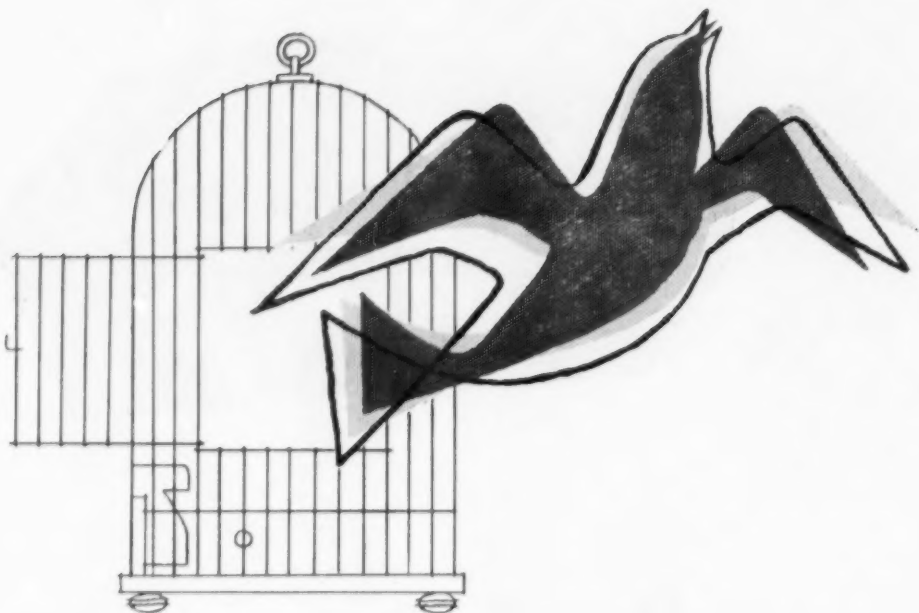
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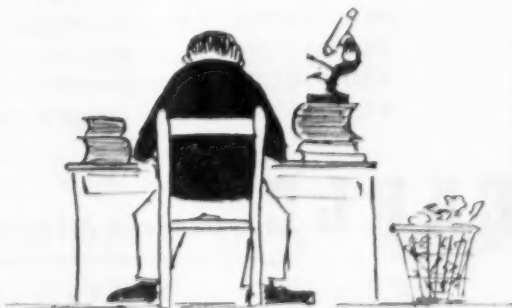
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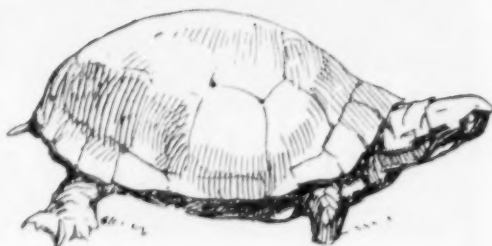
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REFERENCES:

1. *British Medical Journal*. (1921), 1, 14.
2. *West J. Surg. Obstet. Gynaec.* (1943), 31, 150.

3. *Clin. Med. Surg.* (1939), 46, 117.
4. *Amer. J. Obstet. Gynaec.* (1943), 46, 129.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LX

FEBRUARY 1956

No. 2

EDITORIAL

THE PERFORMANCES of *The Importance of Being Earnest* by the Dramatic Society, and the Carol Concert given by the Rahere Choir are now but memories and half forgotten. Having made their big effort the Dramatic Society now goes into retirement until next November, and the only activity of either society that we can look forward to in the intervening period, is a concert to be given at Easter by the Rahere Choir. This Choir, which was revived a year ago last October, is all that remains of the Hospital Musical Society.

In the past, the Musical Society flourished in various forms. Twenty-five years ago a Jazz Band thrived in the Hospital, acquiring great fame for itself. It played for a number of social occasions both in the neighbourhood and further afield, and in 1921 it performed at a *matinée* at the Coliseum for the National Hospital for the Paralysed and Epileptic, Queen Square, in the presence of the Queen and Princess Mary. But their triumph was short-lived, the enthusiasts soon left the Hospital and the Jazz Band fizzled out.

Fifty years ago and before, an Annual Summer Concert was given in the Great Hall by the Junior Staff and the Musical Society. At these concerts various vocal and instrumental solos were rendered, Part Songs were sung by the Choral Society, and works performed by the Hospital Orchestra; the last item of each programme was always a rousing chorus sung by the Junior Staff. The Orchestra were undoubtedly ambitious (or at least their conductor was), for in 1906 the Overture *Die Meistersinger* by Wagner and the Suite *Peer Gynt* by Grieg appear on the programme. In the report of this concert,

which appeared in the *Journal* in August of that year, the Orchestra was criticized for its lack of balance; the wind section for being too numerous and the strings for being 'deficient in tone'. Now, alas, we have no orchestra to criticize, and although we were one of the three Hospitals which founded the Inter-Hospitals Orchestra, we regret to say that at present not a single clinical student or member of the Medical Staff is a playing member.

As we read the following extract from the *Journal* report of the Summer Concert given in 1900, we can get an idea of what delightful social occasions these concerts were.

The Annual Concert given by the Junior Staff and Musical Society took place on July 17th, under the most favourable conditions of wind and weather. Suffice it to say that it was a perfect summer evening. Following the precedent set last year, the Square was tastefully illuminated by a pleasing display of coloured fairy lamps and Japanese lanterns hung round each shelter in festoons from tree to tree.

A charming effect was produced by the arrangement of lights round the base of the playing fountain. Welcome refreshment was provided on tables placed between the shelters during the interval in the programme of music.

The seductive influence of the summer night, the soft glow of coloured light, and the refreshing sound of falling water, assisted in carrying the interval beyond its full extent, and the result was that many of the audience preferred listening to the second part of the programme from under the cool of the trees.

St. B.H.J. Vol. VII, p. 157.

Sixty years ago the Smoking Concerts were a regular feature of the Hospital social life. At these meetings, humorous songs were sung, recitations performed and the audience deceived by the occasional magician. A few of the excellent verses, rhymes and parodies specially written for these

occasions can be found in *Round the Fountain*. A review of one of their meetings appeared in the City Press on January 24, 1894.

HOSPITAL STUDENTS OFF DUTY.—A more light-hearted, jovial set of fellows than the students of St. Bartholomew's Hospital it would be difficult to imagine, and their smoking concerts are always gatherings of an enjoyable character. The smoker given at the French Room, St. James's Restaurant, on Saturday evening fully sustained their good reputation, both from a musical and convivial point of view. The chair was occupied by Mr. P. Furnivall, who was supported by Mr. D. L. E. Bolton and Mr. P. W. G. Shelley, hon. secretaries, and many others, the room being filled with an appreciative company. The programme was opened by Mr. D. St. Cyr, who played a pianoforte selection very skilfully, after which Mr. N. B. Baker sang 'Quaff With Me the Purple Wine' with much effect. Several comics were given by Mr. F. W. Gale, whose style was most entertaining. The best of his many selections was 'In the Days When I Was a Girl', sung in response to the encore demanded for 'In the Glorious Days to Come'. Mr. J. K. Birdseye was equally successful in his items, which included, 'I'll Say No More to Mary Anne', 'Jimmy, Down the Chute', and 'A Receipt for Comic Songs'. Mr. A. G. Haydon proved himself an artiste of a very high order in his two violin selections, while Serjeant-Major Brander's performance on the same instrument left nothing to be wished for. The ocarina and banjo solos given by Mr. D. H. Attfield were thoroughly enjoyed by all

present, a repetition being insisted upon on each occasion. A very enjoyable evening was brought to a close by the singing of 'Auld Lang Syne'.

At present it is impossible to form an orchestra as it would appear that we have no instrumentalists; but could not the Smoking Concerts be resurrected? That the ability to compose verses is not lost is evident from the ward shows, cannot the talented gentlemen who write them be persuaded to produce similar songs at other times of the year? Or does inspiration come only once a year, with Christmas?

There is no reason why the Dramatic Society should only perform one play each year. Could not One Act Plays be performed sometime during the spring or summer? Not only would they provide some entertainment, but they would help to give the juniors members of the Society some much needed experience. Support is evidently not lacking as we hear that over thirty people attended the auditions for *The Importance of Being Earnest*.

The Recreation Room in College Hall with the Music Room as the stage is ideally suited to the presentation of such intimate dramatic productions, and of Smoking Concerts as well.

University of London

Mr. R. Shackman, M.B., B.S., F.R.C.S., M.R.C.S., L.R.C.P., has been appointed to the University Readership in Surgery, tenable at the Postgraduate Medical School of London.

Christmas Dance

The Boat Club Christmas Dance was held from 9 p.m. till 2 a.m. on Wednesday, December 14, in the Gymnasium, Charterhouse Square.

In the Autumn of last year the Gymnasium was redecorated, the floor repaired and a false ceiling installed, making it suitable for such social occasions. For this dance the hall was well decorated with streamers and coloured paper, and on one wall a large caricature of an eight and its crew, coxed by the ubiquitous Father Christmas, had been

erected. With a little imagination it was possible to recognise most of the members of the first eight with a variety of agonised facial expressions pulling at their oars. A bandstand of coloured crêpe paper had been constructed for the musicians, and much to the surprise of its builders it was still standing next morning.

At midnight an amusing Cabaret was given by Miss Nancy Watts and Mr. John Creightmore. They entertained the company with a number of short items which ranged from a rather unconventional river trip to a duet from a Mozart Opera.

This is the first dance at Charterhouse Square that has been officially allowed to continue after midnight. Conscious of this fact, and also that if the dance was not properly run it would be probably the last one to do so, the organisers spared no expense in ensuring as far as they could, that the evening's entertainment would be a success. An awning was hired to make a covered

way between the north end of College Hall and the Gymnasium, and this was undoubtedly a wise acquisition as it rained heavily during the earlier part of the evening.

It was a pity that this most enjoyable dance was not better supported; the absence of the Hospital Medical Staff was particularly noticeable—we saw only one Houseman.

Christmas Dinner

On Wednesday, December 21, the residents of College Hall were given their Christmas Dinner. After Sherry, kindly provided by Dr. Scowen, there was the traditional turkey and plum pudding, and crackers and paper hats completed the Dickensian scene.

One of our cameramen attempted to photograph Drs. Scowen and Mathias in festive mood: he stealthily crept up to the 'High Table', went down on one knee in the true professional manner, and deftly pressed the button. Unfortunately his flashlight apparatus refused to function, and we regret that he was forced to retire amidst roars of laughter.

After dinner, 'the head-boy', Dr. Rothwell-Jackson stood on his chair to make a speech. Explaining that Dr. Scowen would shortly be retiring from the post of Warden, Dr. Rothwell-Jackson expressed the appreciation of all present for all the work that he has done for College Hall and its residents. He then presented Dr. Scowen with a Coaster, a present from the residents, which it was hoped 'would administer to his needs both spiritual and temporal'.

Matron's Ball

This was held at Grosvenor House, Park Lane, on Wednesday, January 4. Despite the fog, which seemed to have found its way even into the Ballroom, this was a most enjoyable evening. All, as they arrived, were graciously received by their hostess, the Matron, Miss Loveridge, who later presided at 'High Table'. Her guests there were Mr. and Mrs. Carus-Wilson and Mr. and Mrs. Brett. Among the other guests were Mr. Donald Fraser, Mr. Ballantine, Dr. Knott and Mr. George Ellis; the other consultants having unaccountably lost themselves in the fog.

In the words of one of the lyric-writers of the ward shows, this was the Nurses' 'once a year night', and it was just that. An excel-

lent four-course dinner was served and in this the Hospital's eight hundred and thirty-third year, eight hundred and fifty-five dancers were alternately excited and soothed, reeled and Latin-Americanised by Sydney Lipton's Orchestra.

At one-o'clock the Night Nurses' bus took a gay crowd of Cinderellas back to duty. The rumour went round that if they had stayed any longer their dresses would have turned into tube-gauze.

By giving the Nurses their Annual Ball the Governors provide the Hospital with its most graceful event of the year. We sincerely hope that it will be possible for them to continue their generosity for many years to come.

Bart's and Psychiatry

Psychiatry has long been neglected by the medical historian, and the contributions of Bart's men to this subject are no exception. It is, of course, much easier to write the history of the specialities in which spectacular advances in investigation and treatment of diseases provide the chronicler with a safe pinnacle from which to survey the past.

The refinements of modern clinical medicine with its backing of laboratory, X-ray, E.C.G. and the other specialist departments, afford objective facts about diseases which make earlier bedside observations and speculative writings mostly of academic interest. Not so with psychiatry which, as throughout history, still consists of what a psychiatrist's mind can make of a patient's mind. Many valuable lessons lie hidden in this unexplored field, which combines the history of human thought about the human mind with that of medical practice and humanitarian reform.

This month we publish an account of the life and work of the Reverend William Pargeter, M.D. one of our earlier psychiatrists. Until now it was not known that he was a student at this Hospital, we therefore take this opportunity of welcoming him into the ranks of old Bart's men.

Abernethian Society

At their meeting on December 1, when four members of the Hospital Staff narrated their 'Most Interesting Case,' the Abernethian Society enjoyed the largest attendance for nearly four years. The four speakers, all well known members of the Hospital Staff must be congratulated on being such good 'box-office

draws' and on giving the Society such an amusing evening.

It was estimated that there were over 180 members present. The last comparable attendance was in February 1952, when 169 members heard the late Lord Horder lecture on 'Freedom in Medicine.' The all time record attendance, however, was in October 1949, when Dr. Charles Hill gave a talk on 'Current Events.' This meeting took place in the Hospital Clinical Lecture Theatre and somehow or other 300 people managed to get inside to listen to him.

New Year Honours

John Archibald Venn, Litt.D., F.S.A., J.P., President of Queen's College, Cambridge, has been appointed a Commander of the Order of St. Michael and St. George.

In 1940, when the Preclinical School was enjoying the hospitality of Queen's College, Dr. Venn became the twelfth Honorary Perpetual Student of the Medical College and later one of its Governors.

Hugh Montagu Cameron Macaulay, M.R.C.S., L.R.C.P., M.D., Senior Administrative Medical Officer, N.W. Metropolitan Regional Hospital Board, has been appointed a Commander of the British Empire.

Charles Titterton Maitland, M.D., F.R.C.P., D.P.H., Principal Medical Officer to the Ministry of Health has also been appointed a Commander of the British Empire;

THE LIGHTER SIDE

Dr. Pym, of Wickersley, writes to tell us that during the mid '20's there was a student at Bart's who, when undergoing 'Ordeal by Viva', invariably relied on his personal charm and nimble wit to cover the extensive gaps in his medical knowledge.

On one such occasion a much dreaded examiner in Pathology handed him a wet specimen for identification. Our friend studied it intently for some moments and then pronounced, "That, Sir, is a Left Female Lung."

The examiner raised an eyebrow in surprise.

"Yes," he said slowly, "that's a left lung right enough, but why 'female'?"

"Well, Sir," came the reply, along with a charming smile, "I presume we shall have to find something to argue about".

NOTICES

Lectures on General Practice

Wednesday, March 14, at 12 noon

Dr. G. F. Abercrombie will give the next lecture in this series in the Hospital Lecture Theatre.

Abernethian Society

Thursday, February 16, at 5.45 p.m.

Professor Ian Aird will speak on:

TUMOURS OF THE PARATHYROID
in the Physiology Lecture Theatre,
Charterhouse Square.

Physiological Society

Monday, February 27, at 5.30 p.m.

Dr. A. L. Hodgkin will give a lecture on:

IONIC MOVEMENTS DURING THE
NERVOUS IMPULSE
in the Physiology Lecture Theatre,
Charterhouse Square.

The Hockey Club's Ball

This will be held in College Hall on Tuesday, February 14. Dancing 8—12, to Derek Pyke and his Band. Bar and Buffet. Double Ticket 10s. 6d., obtainable from the secretaries of both clubs.

Students Union Annual Ball

This will be held on Friday, May 4, at the Hyde Park Hotel. Dancing 9 p.m. to 2 a.m. Double Ticket, including Supper, £3.

Past v. Present

The Past v. Present Hockey Match will be played at Chislehurst on Sunday, March 4, starting at 2.30 p.m. It is hoped that many old Bart's men will be able to watch the match. Anyone wishing to play is asked to contact Dr. M. D. Mehta, 15, South Primrose Hill, Chelmsford, Essex.

THOMAS HAYES

An appreciation by Reginald M. Vick.

MR. HAYES was born in the year 1864 and died on the 19th of November, 1955, in the 92nd year of his age. In writing of him, one's mind goes back to an age that has passed and to memories of Bart's many long years ago.

He spent the whole of his active life in Hospital service. He started at the age of 19, at the Seamen's Hospital at Greenwich.

Later he became Secretary of the Peckham Asylum, and in 1894, he became Secretary and General Superintendent of the East London Hospital for Children at Shadwell. He was appointed Clerk to the Governors of Saint Bartholomew's Hospital in 1905, bringing with him glowing testimonials from Shadwell, and he more than fulfilled his early promise.

He resigned the appointment of Clerk in 1937. When he retired, the Governors of the Hospital recorded their deep and unanimous regret at Mr. Hayes' decision to resign the office of Clerk and expressed their grateful appreciation of the loyal and devoted services rendered to the Hospital by him during his tenure of the Office. But his usefulness did not end there. He became a Governor of the Hospital and for many years was an Almoner.

In 1933, every one connected with the Hospital was delighted to learn that his work had received well deserved recognition by his being created a Commander of the Order of the British Empire.

He served under three Treasurers: Lord Ludlow, Lord Sandhurst and Lord Stanmore, and three Matrons, Miss Stewart, Miss McIntosh and Miss Dey held office with him. During his term of office, great changes took place at the Hospital. The new Outpatient Block, the Pathological Block, the Queen Mary's Home for Nurses, the new Surgical Block and the new Medical Block were all completed and opened. During the First World War, he organized and arranged the East Wing for the reception of wounded soldiers. In 1923, the Hospital celebrated its Octocentenary. In all these great en-

deavours, his powers of organization were fully demonstrated.

The years of his retirement were peaceful. He continued to live in London.

Such is the history of a man, who gave the best part of his life to the service of Bart's. But what of the man himself? His outstanding characteristic was serenity. Throughout all these years and all the changes that took place, Mr. Hayes moved calm and dignified.

No man ever had the traditions of this Royal and Ancient Institution more firmly ingrained in him. He never forgot them and never allowed them to be forgotten. As students, we viewed him from afar but, even in our youngest days, he helped us in our troubles and we knew him for a just man and a good friend. I came into intimate touch with him, when I was Warden of the Residential College, which was then within the precincts of the Hospital and under the control of the Treasurer. He was a splendid man with whom to work, for he was wise and understanding and tolerant of the views of others.

He had his hand on everything that happened in the Hospital. And yet, I can, honestly, say that I never saw him perturbed. From the management of the entire organization of this great Hospital down to the peccadilloes of the youngest student, nothing passed him by.

He was generous by nature and always ready to help those less fortunately situated than himself. Every year, he placed a room of his house in the Hospital at the disposal of the Amateur Dramatic Society as a dressing room. The plays, in those days, were performed in the Great Hall, and every Christmas he sent a munificent gift of wine to enliven the celebrations of the Resident Staff.

His sense of humour was controlled. He never laughed out loud, but he had a ready smile. He was a disciplinarian. No shortcoming of the staff of the Hospital—medical or lay—old or young—was ever condoned.

His greatest friend on the medical staff was Professor Gask. One often saw them promenading round and round the Square—as so many Bart's men have done before and since.

He was, I believe, a deeply religious man. And of his passing, one might quote a line from Kipling. *E'en as that day he trod to God, so walked he from his birth.* It was, perhaps, fortunate that he was spared the changes which took place on the appointed day.

Of him, we can truly, say that Bart's has lost still one more man, who served her faithfully and well throughout the long years. He stamped his personality on the Hospital and everything that he did for her was good.

ANNOUNCEMENTS

Births

COLDREY.—On December 24, at Plymouth, to Sheila (*née* Abraham) and Dr. John Coldrey, a daughter (Pippa).

GRIFFITHS.—On December 23, at Hampstead, to Rosemary (*née* Quick) and John D. Griffiths, F.R.C.S., a son.

HARVEY.—On December 27, at Ponteg Hospital, to Olive and Dr. W. Harvey, a daughter.

MOLEWORTH.—On December 18, at Aden Petroleum Refinery Hospital, to Rosemary Ann (*née* Gould) and Dr. P. R. H. Henderson, a son.

STUDDY.—On December 11, at Devizes, to Eileen and Dr. J. D. Studdy, a son.

WILLIAMS.—On December 14 at Poole, to Jean and Hugh Morgan Williams, F.R.C.S., a daughter.

Engagements

The engagement is announced between Mr. J. J. B. Hobbs, M.B., F.R.C.S., and Miss D. J. Payton.

The engagement is announced between Dr. H. R. Marker and Miss H. C. Meldrum.

Deaths

COLLINGS.—On December 3, at Southwold, Dudley Willis Collings, M.R.C.S., L.R.C.P., aged 85. Qualified 1895.

JEREMY.—On December 27, William Harold Rowe Jeremy, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.O.M.S., Squ. Ldr. (Rtd.). Qualified 1937.

NAISH.—On December 20, at Berryfield House, Upton-on-Severn, William Vawdrey Naish, M.D., J.P., aged 82. Qualified 1905.

STUDENTS UNION

COUNCIL MEETING

A meeting of the Council was held on Wednesday, December 14, with Dr. Cullinan in the chair. The following is a résumé of the more important business discussed.

1. It was suggested that a 'dimmer' be acquired for the lights in the Gymnasium, Charterhouse Square. The Secretary was requested to investigate the matter.

2. As British Railways would only sell tickets to Chislehurst at reduced rates in quantities of at least ten at a time, it was decided to ask Mr. Morris if the Cloakroom Attendants could be given the extra duty of selling them.

3. Mr. Basil Hume was elected a Treasurer of the Students' Union.

4. Mr. McKinna said that many members of the Hospital would like a recording made of the best items of the Pot-pourri. He quoted prices of recording and making discs. The Council agreed to the suggestion. As a special type of tape recorder was required for making the recording, an attempt should be made to borrow one; if this was not possible, then one would have to be hired. The Council agreed to the following expenditure:—

- (i) £7 10s. for the hire of a tape-recorder (if necessary).
- (ii) £15 for subsidising the cost of making the discs.

LETTERS TO THE EDITOR

A PREVIOUS ATTEMPT

Dear Sir,—The correspondence between Prof. L. P. Garrod and Mr. C. C. Carus Wilson, which you published in the December issue of the *Journal*, recalls to mind an incident which happened whilst I was doing intern midwifery clerking in the early 1930s.

J. C. Crosse and myself were watching the half-dozen golden carp swimming around in the fountain pond when, with remarkable unanimity, we began to express a certain dissatisfaction with the fact that, although at least one of the fish had for some weeks appeared *enceinte* yet, there had been no additions to the fountain's occupants.

It was decided that a remedy of sorts should be found. We visited Gamages and brought back three dozen small gold fish and hid them in the back of a derelict car near the Henry VIIIth gateway. Incidentally, this car's very presence was later found to constitute a nuisance and was it not the then Clerk to the Governors who asked the owner to remove it forthwith? The owner raffled it for shilling tickets. I don't remember who won it but his position was not an altogether enviable one since it was common knowledge that some of the essential parts had disappeared, even during its sojourn within the shadow of St. Bartholomew the Less.

At 4 o'clock on a beautiful summer morning, we immersed the can, just like Prof. Garrod's, in the waters of the fountain. The fish soon swam out and after watching their movements for a few moments, in peace and quiet, we retired to bed.

However, at lunch time the next day, the fountain was the centre of unusual interest. Amongst the number of sisters and nurses who stopped to contemplate this phenomenon, was not one heard to mutter to another: "Is it possible?" Even Mr. Murray, the head-porter, was somewhat non-plussed and I thought, rather heartlessly, that he stammered more than usual as he admitted having no knowledge whence the pond's new inhabitants had come. Alas, the majority of the small goldfish disappeared rather quickly, probably eaten by the large ones, but about a dozen survived for a considerable time.

Yours faithfully,

T. H. TIDSWELL.

219, Heysham Road,
Morecambe.



A SURVIVOR

Dear Sir,—As one who was practically born and brought up in a pond of goldfish, and who regards goldfish, whether black, silver or red, as siblings, I would like to make a comment on Prof. L. P. Garrod's recent generous gift. Goldfish do in fact regularly devour their young, and the only hope

is to plant a water-weed which provides escape for the tiny black babies, much beloved of myself when I was tiny, and also usually more or less black.

Yours faithfully,

D. W. WINNICOTT.

87, Chester Square, S.W.1.



HEARTLESS

Dear Sir,—With reference to the correspondence published in your last issue on 'What's the matter with love life in the Fountain'.

It is regrettably obvious that Professor Garrod and Mr. Carus Wilson have no hearts, or they would not expect the goldfish to bring up a family without the barest of domestic necessities.

Where in that fountain could a mother lay her eggs? Where also could the young fish hide from their devouring parents?

If these heartless gentlemen would repeat the experiment with the addition of some water weed, they might meet with some success in 1956, always provided there are members of both sexes present.

Yours faithfully,

BART'S HEARTS.

(Advisors on all aspects of the heart).

St. Bartholomew's Hospital.



GOLD-FISHERMEN

Sir,—My piscine friends and I have read the correspondence reproduced in the columns of your December issue (p. 371) with deep interest. We are, however, wondering why the Clerk wishes to have the fountain cleaned 'after the piscatorial mating season'. All good fish know many stories about fishermen but their mating habits are not 'a required subject'. It is believed in piscine circles that the consulting staff of Saint Bartholomew's (*horresco referens*) is recruited largely (?) entirely) from among the cruel practitioners of the piscatorial art. I concede that the breed may need to be maintained. But human mating habits are reported as irregular, unpredictable and lacking any seasonal rhythm. Indeed this has been commented on by various authorities. Are fishermen different? Perhaps the Clerk, or Professor Garrod who is credited with 'greater biological experience' (Sept. 23, 1955), could shed some light.

I am, yours etc.

A. FISH.

London, W.J.

THE ANTARCTIC EXPEDITION

by R. GOLDSMITH

I FIRST read about the projected Trans-Antarctic Expedition in one of our national newspapers in February, 1955. At that time I was completing my last six months' Army Service and was faced with the same problem that, I suppose, faces so many of us after our two years National Service: what to do now? I then wrote a letter telling Dr. Fuchs of my qualifications, ordinary as they were, my experience since qualification, which did not look impressive on paper, and above all my eagerness to go on his Expedition. In due time I received a reply asking me to wait for an interview which would eventually be held.

In early May I was released from the Army and set adrift in the open waters of medicine. Somehow I felt that I must not get myself too deeply involved so that, should this chance come up, I would be ready within a short time to join the Expedition. I joined the P. & O. and spent four months on a trip to Australia and back with one of their mail steamers. In this way I satisfied part of my wanderlust and it enabled me to see many of the Australian cities, getting some idea of the prospects of medical practice in Australia, which incidentally look excellent for anyone who wishes to do General Practice in the broadest sense of that word. I also managed to get a brief glimpse of the Middle Eastern ports, Bombay, Colombo and finally Cairo. As well as this short Cook's tour, I learnt something of the workings of a large ocean liner and made many good friends.

At Marseilles, homeward bound, I received notification of an interview a week before I was to return home. I had made, it seemed, the wrong choice after all. But once home and having signed off, I contacted the Expedition and was finally requested to come for an interview.

The interviewing committee seemed much less frightening than many I had met in trying for hospital appointments. I felt for the first time at ease. This can be put down largely to the personalities of the interviewers. Dr. Vivien Fuchs, whose face is now begin-

ning to be well known, Sir Miles Clifford, friendly ex-Governor of the Falkland Islands, and Admiral Parry, the Secretary of the organizing committee.

What was my medical experience? Did I get on well with others? How old was I? How did my family feel about my being away from home for so long? Did I cook? Was I handy? What were my hobbies? So the questions went on. I felt supremely confident, though on deep reflection I had no real claim to be an Antarctic explorer. After 24 hours I was told that I was appointed.

A dream of my early childhood was coming true. Why did I want to go to the Antarctic? I hate cold and like my creature comforts, I have close home ties. Yet I wanted to go. Naturally, many people have asked me why. The only rather lame reply is that I have always wanted to go.

Soon, I was introduced to the Expedition office where so much of the preparations were going on. Stores of all kinds were being ordered, from Aircraft to Veganin (actually Tabs. Codein Co.). There was a gay but workmanlike spirit amongst the office workers, upon whose efficiency we would all depend. A snowstorm of files, letters, papers, were the foundation of the Expedition. Unfortunately, owing to my late appointment, a mere six weeks before the Advance Party, whose medical officer I was to be, were due to sail, I had only little to do with the actual ordering of the medical equipment—but I did much checking. Nothing that might reasonably be required for 30 men for nearly three years must be overlooked.

The equipment may be roughly divided into three: drugs and dressings; surgical, and

Before Dr. Goldsmith left England in the *m.v. Theron*, the Editor asked him to write a short article for the *Journal* describing how he became a member of the Expedition, and to give some idea of what medical supplies were taken to the Antarctic. This was sent to us from Montevideo, and is published by permission of the Committee of the Trans-Antarctic Expedition.

dental. The first is perhaps the most interesting. Provided free by Evans Medical Supplies Ltd. of Liverpool, it is perhaps the most comprehensive list ever taken by such an expedition. Much work went into choosing the drugs to be taken—"what might turn up?" was the thought in our minds—better to have something for the remotest contingencies. Once down there we should be cut off. The chemists did much work in making up ointments that would not separate out at cold temperatures. The packaging department did their work in trying to reduce bulk, packing drift proof boxes and making everything robust enough for the rough handling that it might get. Finally it was all packed, and only one case of items bears the warning "Do not Freeze".

Surgical equipment is the standard equipment carried by Naval vessels carrying a Surgeon Lieutenant Commander or above. It consists of three operating kits, major, minor and eyes.

Dental equipment, again provided free, by Amalgamated Dental Co. Ltd. and Platarg Institute Co. Ltd. consists of instruments and medicaments to do emergency dental work. Dentistry has often provided problems in the polar regions because doctors have little experience in dentistry. To this end I had a short course in the Dental Department of the Hospital in the treatment of emergency dental conditions. I regretted that I had not paid more attention on my Saturday mornings as a dental dresser.

Apart from looking after the health of the Advance Party and of the observers going

down on the ship, my duties will be veterinary, physiological, glaciological and recording. Fortunately experienced Polar travellers, as so many of the rest of the Party are, know much about the diseases of Huskies and from them and the kennel vet I was able to get some insight into the sort of thing that I should have to cope with. I feel perhaps more attention as a pediatric dresser, for dogs too can't talk, might prove useful in this sphere.

The physiological programme worked out by Dr. A. Rogers, the physiologist who is joining the Main Party in conjunction with the M.R.C., consists mainly of observations to find out how, why and whether individuals acclimatise to the cold. I will carry out comparatively simple observations such as weight, fat thickness, diurnal variations, diet and sleep rhythm and leave the more complex to the professional.

Glaciology and recording are jobs which were passed on to me by the old technique of "You won't be very busy, would you like to..."

There is much more to tell about the personal side of my preparations, of interviews with the press, press conferences, broadcast interviews and of the never-ending stream of questions fired at me by friends and relatives, but this should suffice to give some idea of how I set off on this great adventure.

The Advance Party will return in April, 1957, having set up a base, reconnoitred some of the route and having done their little share to prepare for the big journey across the Continent.

SO TO SPEAK...

QUESTION:

How would you treat a breach?

ANSWER:

Put on a poultice and bring it to a head.

THE LAW AND POISONOUS SUBSTANCES IN INDUSTRY

by R. F. GUYMER

Every year the number of processes in industry which are or may be dangerous to the workers employed therein is increasing.

On broad lines the problem of protecting the worker may be dealt with in one of the following ways—

1. The substitution for the dangerous substance of some other substance which is harmless.

2. A change in the design of the machinery in use so that no noxious dust, gas, fume or vapour escapes into the atmosphere of the workroom or the locality in which the factory is situated.

3. The installation of extraction plant at the appropriate parts of the factory to ensure that noxious substances are withdrawn from the atmosphere and, if necessary, the introduction of pure air into work rooms.

4. If necessary 1, 2 and 3 are implemented by the protection of the worker by the issue of protective clothing and adequate facilities for maintaining a high state of personal hygiene when he enters and when he leaves the factory.

Section 60, sub-section (1) of the Factories Act, 1937 states:—

When the Secretary of State (now the Minister of Labour and National Service) is satisfied that any manufacture, machinery, plant, process or description of manual labour used in factories is of such a nature as to cause risk of bodily injury to persons employed in connection therewith, or any class of those persons, he may, subject to the provisions of this Act, make such Special Regulations as appear to him to be reasonably practicable and to meet the necessity of the case.

The Second Schedule of the Factories Act, 1937 states the Procedure for making Special Regulations.

Section 151, Sub-section (1) of the Act defines a 'Factory' and sub-section (7) states that 'Premises shall not be excluded from the definition of a factory by reason only that they are open air premises'. This is an important point as will be appreciated later in this article.

Hence it has happened that the regulations made to protect the health of workers in

dangerous processes are, in the majority of cases, contained in a large number of Statutory Rules and Orders (usually referred to as S.R.Os.).

Space will not permit a description of all the Statutory Rules and Orders which exist, or the processes to which they apply. It will be sufficient to describe a number of the more important ones which apply to poisonous substances—omitting any reference to S.R.Os. intended to deal with such matters as dangerous machinery, lifts, steam boilers and fire, to mention only a few. The subsequent description of some of the S.R.Os. are abbreviated and mention only the basic details. Anyone interested in a special set of S.R.Os. is advised to read them in full, and they can be purchased from H.M. Stationery Office for a few pence.

Under the Transfer of Functions (Factories etc. Acts) Order 1946, the powers originally given to the Secretary of State for Home Affairs are now exercised by the Minister of Labour and National Service. The Factories Act 1937 gives the Minister many powers including:—

(a) directing the formal investigation of accidents (Sec. 68);

(b) requiring certain types of medical supervision (Sec. 11);

(c) making special regulations for safety and health (Sec. 63);

(d) making welfare regulations (Sec. 64).

The title of 'Certifying Factory Surgeon' is, in the Factories Act 1948, changed to 'Appointed Factory Doctor' (A.F.D.).

NOTIFIABLE DISEASES

Every medical practitioner attending on or called in to visit a patient whom he believes to be suffering from one of the under-mentioned conditions contracted in any factory shall forthwith send to the Chief Inspector of Factories, Factory Department,

Minister of Labour and National Service, London, a notice stating:

The name and full postal address of the patient.

The disease from which, in the opinion of the doctor, the patient is suffering.

The name and address of the factory in which he is or was last employed.

The notifiable diseases are:—

- | | |
|--|--------------|
| 1. Lead | } poisoning. |
| 2. Phosphorus | |
| 3. Arsenical | |
| 4. Mercurial | |
| 5. Carbon bisulphide | |
| 6. Aniline | |
| 7. Chronic benzene | |
| 8. Manganese | |
| 9. Anthrax | |
| 10. Toxic Jaundice | |
| 11. Epitheliomatous ulceration due to tar, pitch, bitumen, mineral oil or paraffin or any compound, product or residue of such substances. | |
| 12. Chrome ulceration. | |
| 13. Compressed Air illness. | |
| 14. Toxic anaemia. | |

It is useful to remember that prolonged exposure to chrome and arsenic dust often results in perforation of the nasal septum, and such a condition should always be looked for in appropriate cases.

STATUTORY REGULATIONS

A description of the three following Statutory Regulations will now be given as examples:—

- I Chemical Works Regulations, 1922, No. 781.
- II The Factories (Luminising) Special Regulations, 1947, No. 865.
- III The Agriculture (Poisonous Substances) Regulations, 1954, No. 828.

I. Chemical Work Regulations, 1922, No. 731.

These are, as shown by the date, some of the earlier regulations and they apply to the manufactures and processes incidental thereto carried on in chemical works, as hereinafter defined.

PART I.—applies to all Chemical works.

Section 1. Every fixed vessel (e.g. vat) containing any dangerous material and not covered over to eliminate all risk of accidental immersion (complete or partial) of a person shall, unless it is at least 3 feet high above the ground level, be securely fenced to a height of at least 3 feet. No plank or gangway, unless it is at least 18 inches wide and is securely fenced on both sides to a

height of 3 feet, shall be placed across or inside any such vessel.

2. The following processes shall not be carried on except under an *efficient exhaust draught*:—

- (a) drawing a charge from a salt cake furnace;
- (b) slaking of lime for use in a chemical process;
- (c) any process involving action of acid or alkali on metal whereby there is a liability to the evolution of arseniuretted hydrogen.

3. All machinery used for grinding and screening anhydrous lime shall be enclosed so as to prevent the escape of dust.

4. All places in which persons are employed and all means of access thereto shall be efficiently lighted by day and by night.

No electric arc lamps, naked light, match or any apparatus for producing a naked light or spark shall be used or be in the possession of any person where there is a liability to explosion. Notices prohibiting the use and carrying of such apparatus shall be prominently displayed. Stoves shall not be used for the artificial heating of places in which there is danger of ignition of gas, vapour or dust. (For those interested, dust explosions are staged at the Home Office Safety Health and Welfare Museum at 97, Horseferry Road, London, S.W.1. to which admission is free and is well worth a visit—guides are provided for parties of visitors to the Museum).

5. Every still and closed vessel in which the pressure of gas is liable to rise to a dangerous degree shall have a proper safety valve attached to it.

6. In every works where dangerous gas or fume is liable to escape there shall be provided a sufficient supply of:—

- (a) Breathing apparatus;
- (b) Oxygen and suitable means for its administration.
- (c) Life-belts.

Sections 7 and 8 are concerned with the details of the maintenance and use of the equipment mentioned in Section 6.

9. Non-metallic spades, scoopers and pails shall be provided for the use of persons employed in cleaning out or removing the residues from tank or other vessel which has contained H_2SO_4 or HCl or other substance which may cause the evolution of arseniuretted hydrogen.

10. In all places where strong acids or dangerous corrosive liquids are used there shall be provided:—

- (a) adequate and readily accessible means of drenching with cold water persons and the clothing of persons who have been splashed with such liquid;
- (b) a sufficient number of eye-wash bottles filled with distilled water or other suitable liquid;
- (c) suitable protective clothing (i.e. goggles, gloves, etc.) shall be provided for those persons manipulating such acids or liquids.

11. There shall be provided in readily accessible positions a sufficient number of "First-Aid" boxes or cupboards.

The remainder of this section details the contents of these boxes and in whose charge they shall be placed.

12. In every works in which the total number of persons employed at any one time is 250 or

more, an ambulance room shall be provided which shall be under the charge of a qualified nurse (or a trained First Aider).

Details of the equipment of the Ambulance Room and the duties of the nurse are stated in this section.

13. At every such works there shall be provided and maintained an ambulance or arrangements shall be made for obtaining such an ambulance by telephone.

14. A sufficient number of persons (as approved by the Chief Inspector of Factories) shall be trained in First Aid and in the use of the appliances mentioned in Section 6.

15. This section requires that adequate facilities for sitting shall be provided for female persons whose work is done standing so that they may take advantage of any opportunities for resting.

16. An adequate supply of wholesome drinking water shall be provided at suitable points with at least one cup or drinking vessel at each point. Each point shall be clearly marked 'Drinking Water.'

17. This section lays down obligations for each worker:—

- (a) to report any defects in fencing or equipment as soon as he is aware of such defects;
- (b) to wear and use protective clothing and apparatus;
- (c) not to infringe any of the safety regulations.

PART II.—applies to Works or Parts thereof in which:—

- 1. Caustic pots are used, or
- 2. Chlorate or bleaching powder is manufactured, or
- 3. (a) Gas tar or coal tar is distilled or is used in any process of chemical manufacture, or
- (b) a nitro or amido process is carried on, or
- (c) a chrome process is carried on, or
- 4. Crude shale oil is refined, or
- 5. Nitric acid is used in the manufacture of nitro-compounds.

18. Deals with the construction of Caustic Pots.

19-20. These sections deal with the procedure to be followed before any person enters a gas tar or coal tar still or a chamber containing bleaching powder.

21. Special procedure to be followed in a nitro or amido process.

22. Every machine used for grinding or crushing caustic shall be enclosed and an efficient exhaust draught shall be provided.

23. Describes the type of room in which chlorate may be crystallised, ground or packed.

24. No person under 18 years of age shall be employed in a chrome process or in a nitro or amido process.

25. Lays down the protective clothing and apparatus to be provided for workers and rules for the maintenance, repair and replacement of such equipment.

26-29 inclusive contain obligatory instructions with regard to the provision of:—

- (a) cloakrooms,
- (b) canteens and the furnishings thereof,
- (c) adequate means for cooking food,
- (d) arrangements for washing crockery and utensils,
- (e) lavatory accommodation,
- (f) bathing facilities and the keeping of a Bath Register.

30. This section requires the keeping of a Health Register and the regular medical examination of all persons engaged in a chrome, nitro or amido process.

II. The Factories (Luminising) Special Regulations, 1947, No. 865.

2. "Luminising" means the application of luminous compound to any surface or the introduction of luminous compound into glass tubing. "Luminous compound" means luminous material containing a radio-active substance.

6. No person under 18 years of age shall be employed in the process or in cleaning.

7. (1) No person shall be employed in the processes or in cleaning or partly in the processes and partly in cleaning for more than 48 hours in any week.

(2) No person shall be employed in the processes if that person has for the immediately preceding twelve months been continuously so employed... employment shall be deemed to be continuous unless interrupted by an interval of at least three months.

8. No other process shall be carried on in any room which is used for the processes.

9. Deals with the provision of efficient exhaust draught and ventilating apparatus.

10. Every store or receptacle used for drying luminous compound shall be not less than 10 feet from any working place and be enclosed and ventilated to the open air so that gases from the stove or receptacle do not enter the air of any room.

11-14. Deal with the construction and cleaning of floors, benches and tables, seats and the working space to be provided for each worker.

15. Translucent glass screens to be placed between the face of the worker and his hands.

16. Brushes shall not be used for the application of luminous compound.

"A tragic example of this occurred in the U.S.A., between 1917 and 1924, when 800 girls employed in painting watch dials with a paint containing radium, mesothorium and radiothorium, developed the habit of pointing their brushes with the lips. In so doing they swallowed (and to a less extent inhaled) radio-active substances which were absorbed from the gastro intestinal tract (and lungs). Some absorption probably occurred through the skin. Many of the girls developed anaemia, agranulocytosis, some developed a chronic osteitis and others sarcoma of bone, nineteen deaths occurring out of forty-eight cases (all girls except four cases in chemists and physicists) up to 1931." (*Industrial Medicine*—T. A. Lloyd Davies, p.106).

17-20. These deal with:

Receptacles for paint.

Cleaning of instruments.

Cleaning generally—must always be done by a wet method.

Removal and disposal of waste materials.

21. Luminous compound shall be stored under lock and key in a storage safe or cabinet reserved for that purpose. No person shall be within 10 feet of such storage space except for removing or

replacing the compound. If the cabinet is lined with lead at least 1" thick or iron at least 2" thick then persons may be not less than 3 feet from the storage cabinet.

22. The storage cabinet shall be efficiently ventilated to the open air by mechanical means for not less than five minutes before it is opened.

23. Effective measures shall be taken to ensure that luminous compound is not removed from the storage cabinet except:

- (1) by a responsible person,
- (2) in quantities not greater than reasonably necessary,
- (3) in a closed bottle with a covered container having lead lining at least 1" thick or iron lining at least 2" thick.

24 and 25. Rules for the use of containers and the disposal of used containers.

26 and 27. Rules for washing facilities and washing time.

28. Protective clothing shall be provided and shall consist of overalls of washable material so designed as to cover the other clothing at the neck and wrists and of sufficient length, aprons made of rubber or other waterproof material with bibs and hair coverings made of washable material and rubber gloves for those persons engaged in weighing or measuring luminous compound. The overalls and hair coverings shall be washed or renewed weekly; the aprons and gloves shall be cleansed daily by a wet method.

29. The storage of protective clothing shall be separate from that provided for clothing not worn during working hours.

31. Paper handkerchiefs *only* shall be used during working hours. Used paper handkerchiefs shall be placed in a suitable receptacle which shall be emptied at least once during each working day and the handkerchiefs shall be destroyed without delay.

33. No person shall leave the factory until he has deposited his protective clothing in the accommodation provided; disposed of his paper handkerchiefs in the appropriate receptacle; washed his arms, hands, face, neck and cleaned his finger nails.

35. Every person employed in the processes or as a cleaner shall be examined by the appointed Factory Doctor (AFD) within seven days after commencing such employment. He shall be examined at intervals of not more than one month as long as such employment continues. The AFD shall have power of suspension as respects any such person examined by him.

The employer shall provide reasonable facilities for such examinations, and for the AFD to inspect any process or work on which the examinees are engaged.

A Health Register must be kept.

No person, after suspension, shall work in the processes without the written sanction of the AFD entered in or attached to the Health Register.

36. This section details the Tests of Exposure to Radiation to be employed including the wearing, by the workers, of suitable photographic film.

37. Describes the precautions to be taken when the processes are discontinued in any room in the

factory or when any plant, apparatus or equipment is removed from any room. The Factory Inspector is to be given at least 14 clear days notice of such discontinuation.

III. The Agriculture (Poisonous Substances) Regulations, 1954, No. 828.

These Regulations are made by the Minister of Agriculture and Fisheries, who is given power so to do by the Agriculture (Poisonous Substances) Act, 1952.

The Regulations are made for the purpose of protecting workers against risk of poisoning by substances to which this Act applies arising from their working:—

- (a) in connection with the use in agriculture of such substances, or
- (b) on land on which such substances are being or have been used in agriculture.

The "Substances" are briefly those used either for killing weeds or pests on crops.

In the U.S.A. much spraying of insecticidal solutions is done from the air owing to the large territorial areas to be treated.

It is interesting to note that this Act and these Regulations are the first to have been made in this country to deal with the hazards of poisoning to which the agricultural worker may be exposed in his work.

As has happened so often in the past, it was not until a number of workers had lost their lives through handling and working with these substances that investigations were made which gave rise to the passing of the Act and the issuing of the Regulations.

These Regulations may provide for:—

(a) imposing restrictions or conditions as to the purposes for which, the circumstances in which or the methods or means by which a substance may be used (including where it appears necessary, the general precaution of the use any special substance in agriculture).

(b) requiring the provision, and keeping available and in good order, of protective clothing and equipment, of facilities for washing and cleaning, and of other things needed for protecting persons, clothing, equipment and appliances from contamination or for removing sources of contamination therefrom.

(c) requiring the observance of precautions against poisoning, including abstention from eating, drinking and smoking in circumstances involving risk of poisoning.

(d) securing intervals between, or limitation of, periods of exposure to risk of poisoning.

(e) requiring the observance of special precautions in the case of persons who are subject to

particular risk of poisoning or of injury therefrom.
(f) measures for detecting and investigating cases in which poisoning has occurred.

An example is the regular estimation of the blood cholinesterase in those persons working with organic phosphorus compounds which are being used as insecticides in agriculture. An example of such a substance is Parathion. These substances destroy the cholinesterase in the body.

(g) requiring the provision of facilities for preventive and first aid treatment.

(h) requiring the provision of instruction and training in the use of things provided and in the observance of precautions.

(i) the keeping and inspection of records and the furnishing of returns and information.

Such substances may obtain entrance to the body in one or more of the following ways:—

- through the respiratory tract,
- through the gastro-intestinal tract,
- through the skin.

The organic phosphorus compounds are easily absorbed through the skin whereas Dinitro-ortho-cresol (DNOC) is absorbed only to a very small extent in this way.

Since the beginning of this century certain trades and processes have been certified as especially dangerous and as a result of this certification their hazards have been controlled by regulations. These regulations are many and varied. In addition to the three sets of regulations described above the list contains, among others, the following in which poisonous hazards are recognised:—

- Cellulose Solutions — S.R. & O. 1934 No. 990
- Chromium plating — S.R. & O. 1931 No. 455
- Electric Accumulators Manufacture of—
S.R. & O. 1925 No. 28
- Felt Hats, Manufacture of, using inflammable
solvents—S.R. & O. 1902 No. 623
- Hydrogen Cyanide (Fumigation of Buildings)—
S.I. 1951 No. 1759
- Hydrogen Cyanide (Fumigation of Ships)—
S.I. 1951 No. 1760
- Lead Compounds, Manufacture of—
S.R. & O. 1921 No. 1443
- Lead Smelting, etc. — S.R. & O. 1911 No. 752
- Paints and Colours, Manufacture of—
S.R. & O. 1907 No. 17

THE FIRST HOME OFFICE MEDICAL INSPECTOR OF FACTORIES.

There was born in Hongkong in 1863 of English parents a boy who was christened Thomas Morison Legge. He returned to England as a child and was educated at Magdalen College School, Trinity College, Oxford and St. Bartholomew's Hospital.

In 1898 Legge was appointed the first *Medical Inspector of Factories at the Home*

Office (Factory Inspectors were first appointed under the Factories Act, 1833). His name will always be associated especially with lead poisoning. After many years of experience



An agricultural worker wearing full protective clothing for working with an insecticidal substance.

in dealing with the treatment and prevention of the diseases of the industrial worker he postulated four axioms, which are:—

I. Unless and until the employer has done everything—and everything means a good deal—the workman can do next to nothing to protect himself, although he is naturally willing enough to do his share.

II. If you can bring an influence to bear external to the workman (that is, one over which he can exercise no control), you will be successful; and if you cannot or do not, you will never be wholly successful.

III. Practically all industrial lead poisoning is due to the inhalation of dust and fume; and if

you stop their inhalation you will stop the poisoning.

IV. All workmen should be told something of the danger of the material with which they come into contact, and not be left to find it out for themselves—sometimes at the cost of their lives.

Legge, who received a knighthood in 1925, died in 1932.

These axioms are as true to-day as when first they were enunciated. No. IV is especially applicable to poisons. In the past the danger of working with certain substances has been investigated only after a number of workers have lost their lives.

It is certain that in the future, as new industrial processes are evolved and adopted, fresh hazards will be discovered. It is of the utmost importance that such hazards should be known before the good health of the work-people is affected, or lives are lost. Investigations to ascertain whether toxic hazards exist in any new processes are the special concern of the medical practitioner and the chemist—the former should possess a sound and wide knowledge of clinical medicine, and the latter should be aware of the importance of discussing his technical knowledge, as far as it may affect health, with the doctor.

CANDID CAMERA



An Aesthetic?

CHRISTMAS IN THE HOSPITAL

*England was merry England, when
Old Christmas brought his sports again,
'Twas Christmas broach'd the mightiest ale ;
'Twas Christmas told the merriest tale ;
A Christmas gambol oft could cheer
The poor man's heart through half the year.*

Marmion, Sir Walter Scott

THE HOSPITAL embraced the festive Yuletide spirit with its characteristic for the superlative. The wards were all decorated with a gaiety that delighted the eye and probably played havoc with sterility. But who could object to the solemn heritage of caring for the sick being tempered, if not overshadowed, by celebrations and frivolity. Austerely starched caps and aprons suddenly became bedecked with holly, gay bands and saucy adornments; even the sombre cloaks flaunted their scarlet linings, and bright eyes did the rest.

Christmas Eve was the signal to begin, when on odd troupe of clowns with a drum and a rather dyspnoeic donkey frolicked through the Square on its way to the Children's Ward. They were the men from the G.P.O. bringing gifts for the children, and we cannot but pay tribute to their kindness. The Children's Party in Out-patients, for all those children who had received treatment throughout the year, took place in the afternoon. It was a masterpiece of organisation, as countless children were satiated and amused, and later held spellbound by Uncle George, the Conjuror. Yet from the corner of an eye the occasional glimpse of a trolley being whisked away from the Accident Box served as a reminder that behind the jollity there was still duty. Our Alma Mater remained at her unremitting task.

The Metropolitan Police went round the wards in the afternoon, a policeman and a policewoman together, taking it in turn to make a little speech to each patient, and present a gift from the police. A kindly gesture. In the evening a group of nurses and students toured the Hospital, singing those old and favourite carols that fill the heart with the feeling of Christmas as nothing else can.

Christmas Day falling as it did on a Sunday was quiet. Each patient awoke to find a

stocking where his notes should be—a gift from the Hospital. The traditional festive fare was abundant in all the wards, and diets were forgotten as the Chiefs wielded carving-knives; guided in their excursions into the comparative anatomy of the turkey by Sister's ever watchful eye. Later in the afternoon the Christian Union presented a Nativity Play in the Children's Ward.

Boxing Day brought the Ward Shows, with the clatter of grease-painted students, and the laughter and merriment of one great family poking fun at itself. Scenery was trundled from one ward to another by fiercely bearded ruffians in cowboy outfits and sailor's garb, as the great turn-table of shows revolved round the wards. The shows were of uniformly high standard, and one felt sympathy for those serious-looking gentlemen who watched with a schedule before them and stop-watch in hand, as they carried out the task of weeding out the good from the very good. However, they were the only ones with worries on their mind, for the rest it was a jolly business. What fun it was to be helped by Sister to climb on the lockers or across empty beds to see the performances: the eyes that normally blacken with thunder if we leave a counterpane ruffled, now invited us to leave our muddy foot-marks everywhere. This was Christmas indeed! It was pleasing to see so many Chiefs with their families good humouredly accepting the bandying about of their names across the footlights, and obviously enjoying themselves. Tuesday was much the same, save that the shows were a little slicker.

So ended four days of family fun and rejoicing at Bart's: she had done her very best to give her patients a good and happy time.

A.J.E.

THE CHILDRENS PARTY



A Study in Expression.

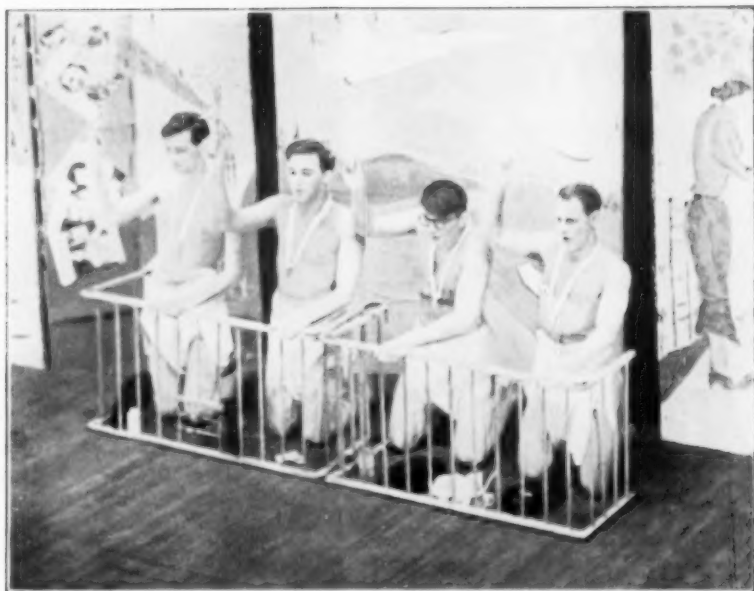


The arrival of Father Christmas and the Jester.



Dr. Hayward introducing the cow.

T
H
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P
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The Quads (Storky).



The Teddy Boys (S'Fast and S'Loose).

P
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The Lost Swab is found (The Catgut Breakers).



The House Hoppers (Le Mirage).

THE CHRISTMAS ENTERTAINMENT

It is among the venerable traditions of this Hospital that each year should end with a Christmas Entertainment. One would like to believe that the tradition was founded by Rahere, and that the Prior himself produced an entertainment in the wards of his own hospital, but alas, if any robust and bawdy choruses were sung in the wards between 1123 and the foundation of the *Journal*, no echo of them remains. It seems unlikely, however, that men of Abernethy's stamp would have taken kindly to the notion of students satirising their seniors in slanderous verses.

The *Journal* records that in 1894 the Annual Christmas Entertainment took place in the Great Hall. The evening's programme consisted of two short plays, 'Freezing a Mother-in-Law', (a farce in one act), and 'Not Such a Fool As He Looks', described as an eccentric comedy in three acts. Drama was interspersed with music played by the Hospital Orchestra, and all the musical items, such as 'In this hour of softened splendour' have now a delightful period savour. These, indeed, were the days, for the Hospital not only boasted an orchestra, but talent could also find exercise in the Smoking Concert Club, which seems to have had the most brilliant evenings.

Thus for some time it was the custom for the Christmas Entertainment to be not a Pot-pourri as we know it today, but the performance of a comic play by some popular playwright. It is recorded that one well-known old Bart's man made a passionate entrance on to the stage of 1913, and 'kissed with great verve', which was all the more courageous as the women's parts had to be played by men. It would be interesting to hear memories of those stirring times from some of the *Journal's* readers.

So To 1955...

The Pot-pourri was again at the Cripplegate, and played on three successive nights. As ever, it was one of the great occasions of the year, and everyone was left wondering why students do not give up the dreary business of swotting for exams, and take a chance

on Broadway. The Cripplegate on a Pot-pourri night looks more like a theatre than any other theatre in London all the year round, and in the bar there was scarcely room to spill a cup of coffee.

The curtains went up on *Storky*, the Midder and Gynae Show, which had as its theme a woman's magazine: this linked together a number of features which somehow included three outside District Midwives with bicycles, and a Query Corner full of the queerest questions. *Storky* gave the evening a tremendously good start, and its producers found a new way of giving continuity to a ward show. One of *Storky's* brightest numbers was a song by four revolting quads in a play pen.

When mum and dad got married they only
had one room.

A dirty little basement as cheerful as a tomb,
When making plans for Junior, they little
reck'd the odds

Of mother in a frenzy giving birth to quads,
One, two, three, four tiny little bods;
Goodness what a handful, bouncing baby
quads.

We've now become adopted by many well-
known firms

And advertise their products on most attrac-
tive terms,

Use Johnson's Baby Soap, take Benger's for
your meals,

Insist on Bibby's Rusks and dress at Daniel
Neal's.

One, two, three, four clever little kids,
Goodness what a business raking in the quids.

Next came *High Noon*, the Children's Show. It had as its theme a hoe-down, with Lizzie Borden as its leading lady. Lizzie Borden is immortalised in American folklore thus:

Lizzie Borden took an axe
And gave her father forty whacks.
When she saw what she had done
She gave her mother forty-one.

The show had some lively dancing in it together with good choruses, and was as colourful as a Children's Show should be.

Miranda's Hideaway was produced by the Second Time Clerks. Miranda was discovered in a dive somewhere near the docks, patronized by medical students turned sailors, and a jolly piratical crew they were. However, it was a pity that the chorus work

was not more imaginative, for archetypal students sitting about drinking archetypal beer do not look much like a chorus.

Miranda's Hideaway had as an interlude two dreadful flesh-creeping female medical students called Chastity and Prudence, who told a sorry tale that left the impression that if the young ladies were chaste and prudent, it was through no inherent virtue, but only by force of circumstances.

The sailors in the *Hide-out Song* told us of their unhappy medical past (to the tune of *Come, Landlord*).

The man who faileth all things he getteth
half-seas over,
And you'll find him drinking gin over in the
White Hart Inn.

For the wheel against him turned,
Examiners his knowledge spurned.
Pity him! for if he tarries
He'll have to join the Apothecaries.

The man who scrapeth past though, he goes
to bed quite sober,
And giveth thanks they didn't plan to ask
him who was Corrigan.
And he'll be a great success
With modest rooms and well cut dress,
They'll say that 'e don't know a lot
But really is the nicest clot.

Pleural Confusion was put on by the First Time Clerks, with a life-like backcloth showing three senior physicians. The show included a very nicely sung calypso.

The House Job was produced by the Out-patient Dressers, and was a first-rate musical in true Rodgers and Hammerstein style. It had continuity, it had wit, it had satire, it had speed, it had dancing and choruses, it was topical but not hackneyed, in fact it had everything that a show of that sort ought to have. It had a dash and liveliness about it which, in its own line of business was unrivalled during the evening. One of its hits was:

We've got to have
We plot to have
For its so dreary not to have
That certain thing called a House Job.
We dream about
We scheme about
And we've been known to scream about
That certain thing called a House Job.
It is really a necessity if you want to get on
And we might as well confess that it is our
sine qua non.
We sigh for it
We cry for it
And we would gladly die for it
That certain thing called a House Job.

S'Fast and S'Loose was the First Time Dressers show. It had a song by four Teddy

Boys that was a brilliant performance, the boys being just the sort of customers who make the streets of London dangerous for unescorted nurses. There were several other good turns in this very competent show.

Theatre Belts and Residents at St. Albans contributed on the first two nights to the *Hill End Show*; especially commendable when one remembers that the players had to journey all the way from St. Albans and back each time.

The Catgut Breakers was a ballet, beautifully done by the Theatre Pinks and Belts. It told the story of *The Lost Swab*, and without a word being said, the whole drama (the climax came with the swab being found in the surgeon's boot) was enacted with nerve-breaking tension.

Lastly came *Le Mirage*, the House Show. After the sound of a terrible car-crash off-stage, three professors and one pretty girl were found stranded in the middle of the desert. The girl was soon stolen by a potentate, and the Foreign Legion, wearing spectacular uniforms, had to be called in. Later on, it all led to some conjuring tricks and a real live rabbit. It was a show that had endless surprise and invention.

All-in-all, it seems likely that most people will have thought the Pot-pourri one of the best evening's entertainment of the year. Yet, despite the profusion of talent and wit, I would suggest that the evening (all-in-all) could be outdone next year.

The Pot-pourri went on too long. It must be difficult to know what to cut out, but the show should have been at least half-an-hour shorter.

As for the shows themselves, despite their individual excellence, put together in a Pot-pourri many of them seemed to have a sameness. Nearly everyone seems to have been concentrating on the same well-accepted formula—songs set to well-known tunes. There is an outstanding need for more variety. The *House Job* demonstrated how expertly the chorus and song business can be done, and *Storky* showed how well the comic song can be produced; but *The Catgut Breakers* and some of the foolery in *Le Mirage* proved how well received will be any change from the routine pattern. Let us hope that next year will bring more imagination, more mime and acting, more downright imbecility, and several other things of which no-one has yet thought.

J.G.E.

THE REVEREND WILLIAM PARGETER M.A., M.D.

(1760-1810)

PSYCHIATRIST

by RICHARD A. HUNTER AND IDA MACALPINE

*Well he perceives the world will often find
To catch the eye is to convince the mind.*

Garth, 1714.

* * *

ENGLISH PSYCHIATRY has been sadly neglected by the medical historian: Tuke's pioneer and fascinating *Chapters in the History of the Insane in the British Isles* (1882) remains the standard work. But the exciting story of the fight for humane treatment of the insane, and the development of legal safeguards, left little room for medical and biographical details. Nor has there been a study of the many contributions by the physicians, surgeons, and former pupils of St. Bartholomew's Hospital, dating back to long before psychiatry was a specialty. To mention only a few famous names: Timothy Bright (?1551-1615), physician to the hospital, wrote *A Treatise of Melancholie* (1586)—the first book by an English physician devoted entirely to the subject. It is said to have been Shakespeare's source of psychiatric information, and to have served as a model for Robert Burton's (1621) better-known *The Anatomy of Melancholy* (Carlton, 1911). William Harvey (1578-1657) was considered a good psychotherapist (Selden, 1689). Among the surgeons, the writings of Skey (1867) on hysteria, and James Paget (1873) on 'nervous mimicry' remain pertinent and valuable (Macalpine and Ross, 1956). Gooch's (1829) observations on puerperal insanity have not been bettered.

Here we want to bring to life a hitherto neglected and yet unique son of Bart's²: the

Reverend William Pargeter, B.A., M.D., who in 1792 published at Reading a small but significant work entitled *Observations on Maniacal Disorders*.

FAMILY HISTORY

Like many eighteenth century physicians, Pargeter was descended from a family of country clergymen. His grandfather, Robert Pargeter (1695-1741), M.A. (Oxon.), was Vicar of Bloxham in Oxfordshire. His eldest son, also Robert Pargeter (1726-1790), B.A. (Oxon.), was Rector of Stapleford in Hertfordshire from 1756-1780; when he retired to Buckingham he retained the patronage of the benefice. He in turn had three sons: Robert (1759-1803), M.A. (Oxon.), about whom nothing is known except that he died in Kentish Town; William (1760-1810), the subject of this paper; and Philip, (?1762-1839), who also entered medicine, practised first as surgeon and apothecary at Wokingham near Reading, and later at Fordingbridge in Hampshire; and at least two daughters, for an entry in the *Gentleman's Magazine* (1787) states that on 10th November died 'of a mortification in the bowels, after three days illness, Miss Pargeter, 2d daughter of Mrs. P. of Buckingham'. Another entry (1792) records the death of William Pargeter's mother on 31st August, 1792 at Stapleford, suggesting that the family had returned there after his father's death in 1790.

Nothing is known of William Pargeter's early life until he entered Oxford University, where he matriculated on 15th January, 1777, and graduated B.A. from New College on 20th February, 1781.

WILLIAM PARGETER, B.A.
MEDICAL STUDENT 1781-1786

At New College Pargeter came under the influence of Martin Wall (1747-1824), Fellow

¹ Daniel Hack Tuke, M.D., F.R.C.P. (1827-1895), scion of the Quaker family of that name famous for its pioneer leadership in improving the treatment of the insane in the nineteenth century. He qualified in 1852 after two years' study at Bart's.
² He is not noticed in Moore's (1918) *History of St. Bartholomew's Hospital* nor any major biographical source.

of the College, himself an old Bart's man; physician to the Radcliffe Infirmary; and in 1786, until his death, Litchfield Professor of Clinical Medicine at Oxford³. He introduced him to medicine and was responsible for his next move, at the end of 1781 or in 1782, to London and St. Bartholomew's Hospital, where he was a pupil between then and 1786.

Even in those days Pargeter's 'attention was much employed on the subject of Insanity': 'When I was a pupil at St. Bartholomew's Hospital . . . I was requested by one of the sisters of the house, to visit a poor man, an acquaintance of hers, who was disordered in his mind. I went immediately to the house, and found the neighbourhood in an uproar. The maniac was locked in a room, raving and exceedingly turbulent. I took two men with me, and learning that he had no offensive weapons, I planted them at the door, with directions to be silent, and to keep out of sight, unless I should want their assistance. I then suddenly unlocked the door—rushed into the room and caught his eye in an instant⁴. *The business was then done*—he became peaceable in a moment—trembled with fear, and was as governable as it was possible for a furious madman to be' (Pargeter, 1792). Probably Wall was also responsible for Pargeter's interest in this

field⁵; though he himself left no writings bearing directly on insanity⁶, there is evidence that he saw psychiatric patients in his practice⁷.

A fellow student at Bart's during Pargeter's time, who later also became a psychiatrist, was John Haslam (1764-1844), the subsequently disgraced apothecary of Bethlem Hospital (see figure); he attended between 1782 and 1785. He wrote a number of psychiatric books commencing with *Observations on Insanity* (1798). On his own statement he was a student at St. Bartholomew's Hospital, and afterwards House Surgeon⁸ (Haslam, 1816); as in the case of Pargeter, the hospital has no record of him.

WILLIAM PARGETER, M.D.
PSYCHIATRIST 1786-1795

On 24th November 1786, Pargeter graduated M.D. of Aberdeen University, by the then customary method of producing letters of recommendation, in his case from Drs. Martin Wall and William Austin⁹, and paying a fee. After graduation Pargeter practised in London at least until 1787. One of his patients there was Thomas Wood, whose trial in 1784 for highway robbery had been the talk of the town. He 'was acquitted. The circumstances, however, had such an effect upon him, that he became epileptic mad . . . I attended him in his indisposition, with the late famous and humane Dr.

to Bedford Lunatic Asylum, who addressed to Wall his book on *Water in the Brain* (1815).

⁶ John Wall, his father, had suggested that contamination of Herefordshire cider with lead might be the cause of that county's high incidence of insanity, although 'the Fact, if true, may possibly arise from the Quantity drunk, rather than the Quality'. Martin Wall inserted a footnote to this passage when he edited his father's work: 'Future accurate Observation will determine, whether this Opinion has any Foundation, and to what Cause it is to be ascribed'. (Wall, 1780).

⁷ The Register of Patients admitted into Private Madhouses during the period 1798-1812, formerly kept by the Royal College of Physicians of London, shows a number admitted on Wall's advice.

⁸ William Austin (1754-1793) had that year been elected physician to St. Bartholomew's Hospital. Previously he had practised in Oxford, where he was also Professor of Chemistry and physician to the Radcliffe Infirmary. Pargeter probably knew him from his Oxford days, and may have assisted him in his extensive practice.

³ Wall's Essay on the Diseases Prevalent in the South Sea Islands (1783) occasioned Dr. Johnson's famous diatribe on travelling fellowships when he, Boswell and Wall met at Oxford in June 1784: 'Dr. Wall, physician at Oxford, drank tea with us. Johnson had in general peculiar pleasure in the company of physicians, which was certainly not abated by the conversation of this learned, ingenious, and pleasing gentleman. Johnson said, 'It is wonderful how little good Radcliffe's travelling fellowships have done. I know nothing that has been imported by them; yet many additions to our medical knowledge might be got in foreign countries. Inoculation, for instance, has saved more lives than war destroys; and the cures performed by the Peruvian-bark are innumerable. But it is in vain to send our travelling physicians to France, and Italy, and Germany, for all that is known there is known here; I'd send them out of Christendom; I'd send them among barbarous nations' (Boswell, 1799).

⁴ Of Dr. Willis (see footnote ¹¹) it was said that 'his countenance, usually affable and smiling, changed completely when he first cast his eyes upon a patient; he at once commanded the patient's attention and respect and seemed to penetrate into his heart and read his thoughts; thus he acquired a dominion which he used as a means of cure'. (*Bibliothèque Britannique. Littérature*, 1796, tom. 1, pp. 759-793).

⁵ Another of Wall's students also became a psychiatrist: G. D. Yeats (1773-1836), physician

Monro*. I saw him repeatedly and at various times' (Pargeter, 1792). Despite their combined efforts Mr. Wood died 'Raving mad' (*Gentleman's Magazine*, 1787).

From then until 1795 Pargeter's movements are difficult to trace. In the preface to *Observations on Maniacal Disorders*, published at Reading in 1792, he thanked 'a physician of singular eminence—Lord Litchfield's Clinical Professor' (Martin Wall) for allowing him access to his library; he must therefore have been either in or near Oxford at that time. The Reading Mercury (1792) in its advertisement of the book described him as 'of Reading', near where his brother Philip was in practice, which suggests that he practised in that district. Thus among his patients were 'a respectable farmer, in the country', and a 'young lady, who resided at a village near the metropolis'.

'FORMULAE MEDICAMENTORUM
SELECTAE' 1795

Pargeter's second and last sally into medical authorship, a 58 page book in duodecimo with the above title, published in London, price 1s. 6d., was not a success¹⁰. In a half-hearted attempt to remain anonymous he unfortunately allowed it to be 'By the author of *Maniacal Observations*'. As one reviewer wrote: 'Whether the author of *Maniacal Observations*, and the author of *Observations on Maniacal Disorders*, advertised at the end of the work, be the same person, we are unable to say; but he appears at least to have shewn some inadvertence in thus describing himself . . . Of the work before us, however, though not possessed of any striking degree of excellence, we see no reason to doubt the utility' (*Critical Review*, 1795). The real blow was struck by the *Monthly Review* (1795): 'This work is in some degree connected with the preceding, [*Observations on Maniacal Disorders*] since it refers to it, and professes to be compiled for

the purpose of obviating the defect of the former in being written in English instead of Latin . . . As to the Latin, it is as bald as any on the apothecary's file, and in many places incorrect; as it would be easy to point out, were it worth while . . . if it be the fault of the former work to teach too much, it is certainly that of *this* to teach little, or nothing'. This harsh criticism of his attempt at a really 'scientific' work (as such it had to be written in Latin), possibly coupled with difficulties in his private life, put a period to his medical career. He took Holy Orders¹¹, and as the Reverend William Pargeter entered the Royal Navy a Chaplain: the latter step makes him unique¹².

THE REVEREND WILLIAM PARGETER
NAVAL CHAPLAIN 1795-1802

On September 22, 1795, he joined H.M.S. Irresistible, and two weeks later was posted as Chaplain to H.M.S. Powerful¹³, where he was fitted out with 'slops'¹⁴ supplied by Navy Board, value four shillings.

His naval career began in earnest on December 12, when he was posted to H.M.S. Alexander, 74 guns, with a crew of 590, a surgeon and an assistant surgeon, and at one period a second chaplain—an indication of the casualty rate. In August 1796 Captain (later Sir) Alexander John Ball took command of the ship, which wintered off Brest and the following year joined Lord St. Vincent off Cadiz. At the beginning of May 1798 she was sent into the Mediterranean under the orders of Sir Horatio Nelson in

¹¹ There has always been an interchange between Church and psychiatry. Two hundred years before Pargeter, Timothy Bright abandoned medicine to become a minister of religion. The Reverend Dr. Francis Willis (1718-1807) left the ministry to become a psychiatrist, in which capacity he attended George III in 1788 and 1789.

¹² Pargeter's obituary notice in the *Gentleman's Magazine* (1810) wrongly stated he was a 'physician in the fleet', a mistake copied in Foster's *Alumni Oxoniensis* (1888).

¹³ In the Muster Book of Powerful his 'Appearance' is noted on 'Oct. 7'; under 'Whence and whether Prest or not', is entered 'St. Helens', Isle of Wight, which shows that he joined of his own free will. The town gave its name to St. Helens Roads, an anchorage off Portsmouth much used during the Napoleonic War.

¹⁴ Slops: ready made clothes especially those supplied to sailors from ship's stores. At that time Chaplains did not wear distinctive uniform.

* John Monro (1715-1791), physician to Bethlem Hospital, and the second of five generations of famous psychiatrists in London. His younger brother Thomas Monro was Vicar and Hospitaller of St. Bartholomew the Less 1754-1765, and married the daughter of Christopher Taylor, Steward of the Hospital (Maxwell, 1898).

¹⁰ We have not seen the book; the only recorded copy was in the Armed Forces Medical Library, Washington, but is apparently lost.

H.M.S. Vanguard. In a violent gale Vanguard was dismasted and only saved by being taken in tow by Alexander. When both ships were safely in port, Nelson came on board to express his gratitude to Captain Ball¹⁵, and doubtless Pargeter was presented to him in company with the ship's officers drawn up on the quarter deck. The destruction of the French fleet which followed on August 1, 1798, at the Battle of the Nile was the only major engagement Pargeter saw; of Alexander's crew 14 were killed and 58 wounded. After the battle the ship blockaded Malta for two years; and perhaps in anticipation of shore leave when the island capitulated, we find him in March-April, and again in May-June, 1800, indulging in six shillings worth of new 'slop cloaths'. In June he was on board H.M.S. Theseus but returned to Alexander. His movements then become confusing: according to one entry in Alexander's Muster Book, he was discharged on '13 Sept. 1800 Niger from Hosp^{le}. Join the Theseus'; yet his name does not appear in Niger's Muster Book. Another entry stated he was discharged on that date 'at Mahon [Minorca] to join the Theseus'; but his name does not appear on Theseus's Muster Book. Other entries say August 16 and November 12; and the Admiralty Chaplain's Paybook September 13, probably the correct one¹⁶.

In any case, when Malta capitulated on September 4, 1800, and Captain Ball went ashore in command of the militia (later he became Governor of Malta), Pargeter followed him as Chaplain to the island's Garrison.

* A SERMON PREACHED . . .
IN THE ISLE OF MALTA * 1801

In November-December, 1800, General Abercromby visited Malta as commander-in-chief in the Mediterranean. Four months later, on March 28, 1801, he was killed at the battle of Alexandria, and his body brought back to the island for burial. Pargeter's memorial sermon was his third

and last published work¹⁷. After a time the climate in Malta began 'not agreeing with his constitution' (*Gentleman's Magazine*, 1810), so when Alexander called on December 26, 1801, he took the opportunity to re-join his old ship; and when her company was disbanded at Portsmouth on August 26, 1802, he retired from the Navy on pension. He had served at sea and ashore for nearly seven years. His total pay, excluding fifteen months at Malta, amounted to £544 4s. 10d., or 4s. 8d. per day. The basic pay of a Naval Chaplain was the same as that of an Ordinary Seaman, viz. 19s. per month. In addition he received an allowance of 4d. per month for each man borne on the ship's complement. One shilling per month was deducted for the Chest at Chatham, and 6d. per month for the Hospital at Greenwich. He never drew any tobacco.

WILLIAM PARGETER
COUNTRY GENTLEMAN 1802-1810

He returned to Oxfordshire, the county in which his family had lived since the seventeenth century, staying first in the city of Oxford. There he became a close friend of Joseph Reinagle¹⁸ and his family, and with them indulged again his love for music¹⁹. His last move was to the village of Bloxham, his grandfather's parish, where his will of April 7, 1806, and a codicil dated simply '11th May', tell us of his life and friends: 'I Give my Medical Books and papers unto my Brother Philip . . . all my other Books . . . [and] my Watch . . . unto the Reverend Harry Davis of Bloxham . . . my Mare to John [his

¹⁷ Its full title is *A Sermon, preached in the Protestant Chapel in La Valetta, in the isle of Malta, on Sunday Succeeding the Funeral of Sir Ralph Abercromby, K.B. Commander in Chief of his Britannic Majesty's Forces in the Mediterranean etc. 1801*. It is an anonymous 12 page pamphlet, badly printed on poor quality paper, without publisher's name or place of publication. A handwritten note in the British Museum copy says it was 'Printed in Malta and given by the author William Pargeter M.D. Chaplain to the Garrison, to R. Loder', (probably Robert Loder (1750-1811), author and bookseller of Woodbridge, Suffolk).

¹⁸ For Joseph Reinagle (1762-1836), composer and cellist, see *Dictionary of National Biography*.

¹⁹ Five pages of *Observations on Maniacal Disorders* are devoted to 'The use of music in diseases of the mind' for 'I am strongly of opinion, that from this remedy, under the direction of a skilful physician, and provided he is an amateur in music . . . many important benefits would be derived'.

¹⁵ It was the beginning of a lifelong friendship and prompted Nelson's 'A friend in need is a friend indeed' (for A. J. Ball see *Dictionary of National Biography*).

¹⁶ Confusion in old Muster Books is by no means confined to entries concerning Pargeter; for instance men still on the Books are entered as 'Died' months before.

son] . . . the sum of Twenty pounds by way of Restitution unto the Reverend Loyd Williams of Whitchurch . . . to Elizabeth Manning of Bloxham Spinster the sum of Five pounds as a token of respect . . . my Linnen of every sort to the Female Servant and my wearing Apparel to the Male Servant . . . my message or Tenement Barns Stables Garden Orchard Closes Lands and Hereditaments whatsoever situate at Bloxham unto my said Brother Philip Pargeter and Joseph Reneigle [sic] of Oxford Musician, and their children one third of the income each from the proceeds of the sale. 'As to the remaining third part I do hereby direct my said Trustees²⁰ to purchase an Annuity for the benefit of Ann Moisey (Daughter of Elizabeth Moisey lately Servant to Mrs. Winch late of Warren Street Fitzroy Square London) to be paid to her . . . during the term of her natural life'. Why was Pargeter so much attached to this daughter of a servant girl: was she the object or the offspring of a youthful romance, and the added reason already hinted at for giving up his medical career? This is supported by four pages in *Observations on Maniacal Disorders* of wrathful condemnation of men who 'in this faithless and degenerate age . . . steal on the confidence and esteem of susceptible females' only to forsake them: 'a crime, if possible, more atrocious than murder'. Is there 'no scourge for such accumulated inhumanity and injury . . . in the arm of vengeance, and the bosom of of bravery?' No, because it is 'God's to punish and to pardon.' But such a creature 'ought to be worried from society'—into the Navy perhaps?

Another mysterious item is the 'Snuff Box given me by the Honourable Mrs. St. Leger' which he bequeathed 'to Charles Baxter Esqr Brother in Law to Mr. Judd of Banbury.' We have not been able to trace his connection with the St. Leger family.

One pictures him leading the life of a retired gentleman among his books and

memories, preferring the company of fellow clergymen, taking tea with the maiden lady across the way, and covering the countryside on horseback to visit his relatives and friends. Although in December 1806 he sponsored, with Dr. William Kerr (?-1824) of Northampton, who himself had an extensive psychiatric practice (Hunter *et al.*, 1956), the award of the M.D. degree of Aberdeen University to one John Tookey of Winslow, Buckinghamshire (Anderson, 1893), it is unlikely that he resumed the practice of medicine. In the register of patients admitted into private madhouses (see footnote 7) there is no record of Dr. Pargeter having advised a patient's admission; and when he died on May 17, 1810, his will was proved in the sum of only £600.

Thus this old student of St. Bartholomew's Hospital, who had practised psychiatry 'with eminent skill and diligence for many years' and had served as Naval Chaplain under Nelson, ended his life 'as he had lived, universally beloved and respected for his virtues and humanity' (*Gentleman's Magazine*, 1810).

* * *

'OBSERVATIONS ON

MANIACAL DISORDERS' 1792²¹

Pargeter's *Observations on Maniacal Disorders* was one of the late eighteenth century English monographs devoted to insanity which followed Battie's²² (1758) pioneer *Treatise on Madness*, and which Pinel²³ (1809) felt gave 'promise of more real progress, due to the care with which their authors concentrated their attention on one particular subject.' A contemporary called it 'a very useful work: it contains much information' (*Critical Review*, 1792). Friedreich²⁴ thought it 'valuable, especially from the practical point of view, because of its case histories.' Tuke (1882) gave a page of extracts from it.

Pargeter apologized for not having written a systematic treatise: 'on a subject so

²⁰ Messrs. Philip Pargeter, Joseph Reinagle and Harry Davis.

²¹ Reading: Printed for the Author. 8vo, pp. viii + 140. 3s. 6d. sewed. Early copies had the date misprinted MCCXCII. In the whole edition two successive gatherings carry signature H, causing the original binder occasionally to omit one (pp. 49-53 or 57-54). A German translation appeared in Leipzig, 1793.

²² For the importance of William Battie (1703-1776) in the development of British psychiatry, see Hunter and Macalpine, (1956).

²³ Philippe Pinel (1745-1826), French physician and psychiatrist, made history by striking the chains off a large number of lunatics confined at the Bicêtre, Paris.

²⁴ J. B. Friedreich (1796-1862), professor of medicine at Würzburg; author of the standard bibliographical history of psychiatry and many other psychiatric works.

abstruse and intricate . . . it is impossible to adhere to rules'; and for not having 'ventured to establish a theory.' It is an historical appraisal of psychiatry as he found it, side by side with his own observations and experience. He did not accept 'the several genera of this disease' of the 'Nosologists of the present era,' who 'are far from being consistent in their arrangement.' Thus he was free to give case histories designed neither to prove a theory of mental illness, nor exhibit his success in treatment²⁵—the very reasons which in retrospect make it an important work. For Pargeter knew that psychiatry deals with patients and not diseases²⁶.

PSYCHOPATHOLOGY VERSUS NEUROPATHOLOGY

In the question, still hotly debated, whether mental diseases are diseases of mind or brain, Pargeter came down on the side of mind. After discussing pathological evidence, including his own postmortem studies, he concluded that 'Many cases of *Mania* are short and transitory, and admit of very sudden changes—these certainly are not dependent on any organic affection—others continue through life; it is equally improbable, that any *organic* affection is here present'. In elucidating 'the interchangeable relation between insanity and other disorders,' and 'the operations of the mind on the body, and *é contra* . . . there must be allowed some further data than need be, in such as are merely *physical*', because these also do 'not come under a mechanical mode of reasoning.' Of the causes of insanity, he gave first place to 'those acting on the mind'; followed by brain diseases, poisons such as opium and mercury, and a '*Lunatic Ancestry*'.

He used Cullen's²⁷ concept of 'unequal excitement' of different parts of the brain as the basis of his psychopathological explanation. In a rudimentary way it foreshadowed the knowledge we owe to Freud of a dynamic unconscious at work beyond the conscious mind: 'It is manifestly perceptible, from the consideration of the states of sound sleep and dreaming, that different parts of the brain, or different faculties of the intellect [i.e. mind] can be in different degrees of *excitement* at the same time. The delirium occurring at falling asleep, or at first waking out of sleep, shows that the perfect exercise of our intellec-

tual faculties requires some *equality* in the *excitement* of every part of the brain . . . delirium . . . seems to depend on an *unequal excitement* of the different parts'²⁸.

MANAGEMENT²⁹ VERSUS TREATMENT

Recognising that mental factors cause mental disease, Pargeter endeavoured to use psychological methods of treatment. Thus he echoed Battie (1758): 'The chief reliance in the cure of insanity must be rather on *management* than medicine . . . an art . . . capable of improvement' then as now. It requires that the physician 'should be well acquainted with the *pathology* of the disease . . . should possess great acumen—a discerning and penetrating eye—much humanity and courtesy—an even disposition and calm of temper. He may be obliged at one moment, according to the exigency of the case, to be placid and accommodating in his manners, and the next, angry and absolute.' He must 'employ every moment . . . to obtain their [the patients'] favour and prepossession.' If verbal contact could not be made because patients were too disturbed, the physician could equally well contact and control them by catching and holding their eye. In this way patients were weaned from their 'madness' back into the world through the person of the physician. But let Pargeter demonstrate his own genius: 'A lady became insane in consequence of an unfavourable parturition . . . I understood she had . . . been so exceedingly turbulent as to require coercion . . . she had not only beat, and otherwise ill-

²⁵ The bulk of psychiatric writings unfortunately still consists of theoretical speculation, and the evaluation of remedies.

²⁶ Psychiatry is once again slowly recovering from the crushing burden of nineteenth and early twentieth century nosological systems which culminated in Kraepelin's laborious edifice capped by the two major groupings: manic-depressive insanity and dementia praecox.

²⁷ William Cullen (1710-1790), professor of medicine at Edinburgh University, probably the most influential eighteenth century teacher of medicine.

²⁸ This concept is still alive as 'tension states' and 'stress diseases'.

²⁹ Management of the eighteenth century, later called moral treatment, became the central theme of the great non-restraint movement of the nineteenth century. From it developed a need for and the establishment of mental nursing as a profession (Hunter, 1956).

treated the servants, but rejected, with fury and disdain, both medicine and food... I begged to see her alone: I went suddenly into the room, and had her eye in a moment. She persisted in the same romantic way of talking... but we did not lose sight of each other the whole time, neither had I uttered a syllable: a signal which was previously agreed on, being given, the attendants entered, observing profound silence, according to my orders, and began to release her... without the least resistance... Being convinced she was afraid of me, I offered her my hand, which she accepted, and after a hearty shake, as a token of amity and peace... I endeavoured to draw her into a more rational conversation... I could plainly perceive that I possessed her good opinion... she took whatever was offered... [I] gave it her myself... in this case, by *management*, *Mania furibunda* was reduced to *Mania tranquilla*. The patient recovered, and I am thoroughly convinced, that *management* principally contributed... but it is to be observed, that *that* species of the disorder [*Mania lactea* (now called puerperal psychosis)] is almost always to be cured, because it certainly does not depend on any morbid organic affection'.

Another time 'I was desired to visit a young man... I was told that he had been for several days, and nights on the bed with his cloaths on... he was peevish—obstinate—refused all sustenance—was silent, and his face very red. From this representation, I was fearful that his complaint was making a rapid progress towards *Mania furibunda*... I desired to see the patient alone—that no one was to come into the room till I stamped with my foot, and then two women were immediately to come up, and to place themselves one on each side the bed, and to

begin to undress him without saying a word. I entered the chamber, and planted myself in a direction that I might catch his eye. This was not easy to be done; I therefore, as I saw occasion, changed my position, at which he seemed greatly embarrassed, though not a word passed on either side: being at length obliged to look up, I set him in an instant. Finding that we perfectly understood each other, I made the signal, the women appeared, and executed their orders without the least obstruction. Thus was accomplished in a few minutes what could not be effected for several days and nights. Before I left him, he quietly drank a basin of tea, and eat some toast and butter;... and I had the pleasure, a few days afterwards, to congratulate him on his complete restoration. This was a strong case, and I am convinced, that if violent means had been used, the disease would have appeared in all its fury'.

Unfortunately space does not allow us to give the case of the 'respectable farmer' whose 'misfortunes originated in a very curious fact: he was publicly reproved by a clergyman for sleeping during divine service'.

After 'the art of *management*' Pargeter briefly considered the current 'physical treatments', vomiting, purging, bleeding, blistering, bathing, etc., 'I must add that *beating* was a practice formerly much in use in treating the insane, [e.g., by Cullen (see footnote 27)]... I at once condemn this practice, as altogether erroneous, and not to be justified upon any principles or pretences whatsoever'. Of the others he asked whether it was really 'prudent or justifiable to superinduce... another disease... In practice, by too generally attending to appearances, and overlooking the causes, physicians have, with a pardonable but hasty zeal, to do every thing, sometimes done much harm'³⁰. His conclusions were as sceptical as Battie's (1758) and Tuke's (1882): 'no medicines have been discovered on which any reliance can be placed'. But this was not a message of despair, for good psychiatrist that he was, he realized that the natural tendency of nature is to cure, in mind as well as in body, not only 'without the co-operation, nay, even in spite of improper interference of the physician' (Ideler, quoted by Feuchtersleben, 1845).³¹ Thus of one patient he wrote that she 'fortunately lost her complaint, and being enabled to return to her former occupation, her mind was gradually weaned from those

³⁰ This danger is very much more real today than when Pargeter wrote, because of the new techniques placed at the command of psychiatrists by advances in chemistry, physics and neurosurgery.

³¹ Of. Maudsley (1895): 'As the organism is not really attacked by a something which is disease, but is a mechanism that falls into various disorders in consequence of various hurts to it, so it always strives to right itself when the cause of hurt is removed and its processes of restoration are not obstructed by unwise medical meddling. Certainly he is the best physician who, having made the general conditions, internal and external, as favourable as possible, meddles the least with processes which he understands not by drugs the operations of which he understands not.'

delusions, which might probably have terminated in *confirmed mania*’.

The practice of forcing patients to take medicines against their will ‘ought not, in any case whatever, to be put in execution . . . I hold this practice in such utter abhorrence, that I shall totally decline explaining the mode of exercising it’³².

NON-RESTRAINT

Fargeter was above all a liberal and humane doctor who believed in the freedom of the individual, even if he were mad. Private madhouses had long been the subject of public enquiry and law suits, but Fargeter’s book was the first written by a specialist to contain a stringent criticism of them³³; perhaps, because unlike other ‘mad-doctors’ he was not the owner of one himself. Whatever the reason: ‘it is sufficient to rouse the hearts of Britons, to excite and expedite an enquiry into these enormities with a spirit proportioned to the atrocity of them . . . A very strict eye should be kept on these *gaolers of the mind*; for if they do not find a patient mad, their oppressive tyranny

soon makes him so’. He considered the existing legislation inadequate; ideally ‘There should be no such receptacles as a private mad-house allowed’. Apart from illegal detention of sane persons and the financial and other advantages of unscrupulous relatives and friends, his wrath was incurred by the actual maltreatment of patients: the administration of ‘beatings . . . large doses of stupifying liquor, or narcotic draughts, that drown the faculties . . .

³² As late as 1809 Haslam illustrated in the second edition of *Observation on Madness* a ‘key’ of his invention with which to force patients’ jaws apart to save them from the operation of ‘spouting’, or knocking out their front teeth.

³³ E. von Feuchtersleben (1806-1849), Austrian psychiatrist, poet and politician, gave him honourable mention for it in the famous textbook (1845) in which he introduced the term ‘psychosis’; as did Tuke (1892).

³⁴ ‘Mechanical restraint . . . was formerly abandoned . . . because it was deemed better for the patient to let him have the relief and self-respect of pretty free exercise than to keep him tied up like a mad dog . . . but it may be doubted whether its coarse bonds did as much harm as has been done by the finer means of chemical restraint which have been used to paralyse the brain and to render the patient quiet.’ (Maudsley, 1895); ‘the question now . . . is whether chemical restraint . . . by diminishing excitement at the ultimate cost of mental power “makes a solitude and calls it peace.”’ (Maudsley, 1879).

³⁵ J. Daquin (1733-1815), French mental hospital superintendent.

³⁶ V. Chiarugi (1759-1820), Italian physician, psychiatrist, and mental hospital superintendent.

³⁷ Projected in 1792 by William Tuke (1732-1822), great-grandfather of D. H. Tuke (see footnote 1); its shining example is inseparably linked with him, his descendants, and British psychiatry.

³⁸ John Conolly (1794-1866), superintendent of Hanwell Asylum, and the greatest exponent and champion of non-restraint.



William Norris, aged 55, as he was found by Members of Parliament visiting Bethlem Hospital in May 1814. He had been continuously in the apparatus since 1803, when Haslam had him thus restrained. He died a few months after his release from a very considerable disease of the lungs—a consumption, according to the post mortem examination performed by William Lawrence, then Assistant Surgeon to St. Bartholomew's Hospital. The discovery of this and other abuses led in 1816 to the dismissal of Haslam and the physician of Bethlem Hospital, Thomas Monro, son of John Monro (see footnote 9).

frequent recourse to chains and cords', which he would 'abolish at once'³⁴.

These words were written in the same year as Daquin (1792)³⁵ sounded the first call for the humane treatment of the insane in France, one year before Chiarugi (1793)³⁶ did the same in Italy, almost two years before Pinel commenced unchaining his patients, four years before the Retreat at York³⁷ opened its doors, and almost fifty years before Conolly³⁸ applied the principle of non-restraint to the whole population of an English asylum.

'Every man' wrote Pargeter at the end of the book, 'should animate his endeavours with the view of being useful to the world, by advancing the science which it is his lot to profess. With such hopes the author undertook, and now dismisses this work'. The verdict of posterity is that he succeeded.

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THE DIETETIC TREATMENT OF DYSPEPSIA AND PEPTIC ULCER IN AMBULANT PATIENTS

by MISS M. E. FURNIVALL (Chief Dietitian)

THE DIETETIC TREATMENT of peptic ulcer has swung during the past 50 years from an initial starvation to an insistence on frequent small bland meals. The rigid starvation and immobility enforced in cases of bleeding peptic ulcer by von Leube was challenged in 1906 by Lenhartz. Lenhartz (1907) advocated the use of small two-hourly feeds of milk and water, to several of which were added beaten eggs, while others were taken with a rusk. The diet was built up progressively by decreasing the proportion of water in the feeds and adding thin cereal puddings, boiled fish and mashed potatoes. Sippy (1915) introduced a similar system in the United States, but insisted on hourly feeds, which proved tedious and inconvenient for patients and nurses alike. Both physicians required their patients to undergo absolute bed rest for some weeks.

In 1931, Professor Meulengracht, of Copenhagen University, revolutionised the dietetic treatment of cases of peptic ulcer. He stated that he had come to the conclusion "that it must be fundamentally wrong to withhold food and drink from patients in a condition which can only be described as post-haemorrhagic shock . . ." *i.e.*, in cases of fresh bleeding ulcer (Meulengracht 1939). Meulengracht advocated the use of a full diet of bland foods in puréed form, together with alkalis, belladonna and large doses of iron. These medicines were administered initially at three hourly intervals, with small meals every two to three hours. The patients were allowed to move freely in bed, and be up in the ward after some 14 days. The patients concerned were reported as feeling well and liking the treatment. Nausea in the first 24 hours was treated by encouraging the patient to eat, so dispelling the accumulated blood in the stomach considered to be its cause. The fundamental principles of Meulengracht's treatment were stated as rest, relaxation and food. The use of tobacco was strictly forbidden. A mortality rate of 1% to 2% was

reported, as contrasted with 7% to 10% for comparable Danish figures. The dietetic treatment was continued for from 4 to 6 months after the patient had left hospital. Such patients were also encouraged to "adopt a calmer attitude towards life and its incidents".

The influence of nervous factors in the aetiology of peptic ulceration was considered by Davies and Watson (1937) who described what they thought of as the ulcer-type of patient. The classic work of Alvarez (1944) has also contributed greatly to the recognition of the need for mental as well as physical relaxation in the treatment of dyspepsia and peptic ulcer. Davidson and Anderson (1947) laid particular stress on the importance of taking a careful history from the patient to find out whether "he is living in a state of tension consequent on anxiety induced by abnormal social relations at home or at work." It would be difficult to find a more adequate precept for the gastric patient than the Biblical adage: "Better a dinner of herbs where love is, than a stalled ox and hatred therewith." (*Proverbs* 15 v. 17).

Witts (1937), who introduced a modified form of the Meulengracht diet in the Medical Unit at St. Bartholomew's Hospital, also claimed good results for its use in cases of haematemesis and melaena. The use of puréed fruit and vegetables in the Meulengracht type of diet increased the patient's intake of Vitamin C. Archer and Graham (1936) stressed the necessity of supplying large doses of ascorbic acid in cases of peptic ulcer, many of whom presented in a state of sub-clinical scurvy. Balloon tracings of stomach contractions have shown that gastric motility is greatest when the stomach is empty. Meulengracht (1939) also found that the presence of food in the stomach did not increase or protract the bleeding in haematemesis. The success of Meulengracht's treatment has resulted in the use of gastric régimes based on small frequent meals of bland foods. By this means the stomach,

often rendered hyperirritable by the presence of an ulcer, is afforded the maximum opportunity of rest.

FUNCTIONAL DYSPESIA

Davidson and Anderson (1947) have described how a long continued functional hyperchlorhydric dyspepsia may give rise to a gastric ulcer, after an intermediary hypertrophic erosive gastritis. Successful dietetic treatment of dyspepsia depends on a thorough investigation of the patient's existing food habits in the context of his social background. It is essential that the patient should realise the importance of suitable food, taken calmly, at regular intervals. He will accept this advice best, if it is given in a form which he can fit into his normal pattern of life. It is illogical to insist on adherence to rigidly specified meal-times, if, by so doing the patient is forced to seek concessions from a foreman, with whom his working relations are already strained and where, indeed, this strain may be the basis of his dyspepsia. The state of the patient's teeth should be assessed, remembering always that dentures worn for visiting the doctor are frequently discarded at mealtimes. Smoking and drinking alcohol, strong tea or black coffee before meals, or when the stomach is empty, should be forbidden. Only limited quantities of fluid should be taken with meals, but plenty of water between meals. Soups, especially those rich in extractives, are particularly to be avoided. The diet should consist of four meals a day chosen from the foods listed below, and excluding those shown as to be avoided. An adequate breakfast, not tea and toast alone, is especially important. Between meal and bedtime milky drinks are also advisable, where meals are widely separated. Meals should be eaten slowly, and if possible, a few moments rest taken at the beginning and end of each.

PEPTIC ULCER

A 'gastric' patient is intensely aware of the reaction of his stomach to anything he eats. In some cases, the patient may have attributed resultant discomfort to so many food-stuffs that he is virtually on the edge of starvation by reason of excluding most

staple nutrients. In questioning the patient, it is essential to ascertain his normal food habits, as distinct from those adopted in any attempt at 'dieting.'

The necessary modification of the food to be taken is directed at removing those items which are mechanically irritating, or chemically stimulating. The dietary instructions given must be clear, concise, and above all, capable of being adapted simply to the patient's normal meal pattern. It should not be necessary for a diet to be a complicated 'business' which only adds another burden to the patient's existing load. Food must be taken at regular intervals of 2 to 2½ hours or less, i.e., approximating to the rate at which the stomach empties. The day's intake is based on the four normal meals, chosen from the foods listed below, with a milk drink taken with plain cake or a biscuit, or bread and butter to cover the 'gaps'. Attention should be paid to the time at which the patient wakes, as distinct from eating breakfast, and goes to bed. A small milk feed on waking and during the evening are often advisable. Milk and biscuits should be available by the bed at night to be taken if the patient wakes. The Spartan rigours of the average English bedroom entail that this milk is best taken warm from a thermos flask.

The general advice outlined for the dyspeptic should also be given to cases of peptic ulcer. Monotony in the diet can be avoided by the use of recipes such as those published by Shipley and Dundas (1951). *The Family Doctor* (B.M.A.), also periodically includes 'gastric' recipes. Many works canteens supply food suitable for 'gastrics' on request. The Welfare Officer concerned is usually the person to approach. In certain districts of London, the Invalid Kitchens Association will supply a midday meal for 'gastric' patients, who are genuinely unable to make suitable provision for their food.

The importance of a thorough initial investigation of the patient's existing food habits, in their social context, cannot be overstressed. Merely handing out a printed sheet of dietary instructions is not sufficient. The time spent in making an individual adaptation of such lists will certainly return dividends in the long run. A widening of the choice of foods available to the dyspeptic or peptic ulcer patient on their recovery, may well be made on the basis of a common sense investigation by the patient. A list of sug-

gested items is appended. If these are added one at a time to the diet, the patient can then establish the limits of his tolerance. It would appear wise that a patient who has suffered from dyspepsia or a peptic ulcer should, on recovery, respect his incapacity by continuing to eat regularly, without long periods between meals, and by avoiding the use of stimulants on an empty stomach.

SUMMARY

Small bland meals at frequent intervals form the basis of the dietetic treatment of dyspepsia and peptic ulcer. Such meals may be obtained by modifying the dietary intake in such a way as to exclude foods and beverages which are mechanically irritating, and chemically stimulating.

In advising dyspeptic and 'gastric' patients, it is important to assess their existing food habits in their social context. The dietary instructions given must be adapted to meet the individual needs of the patient.

* * *

'GASTRIC' DIET

Avoid

1. Very hot and very cold drinks.
2. Pickles, sauces and condiments except salt. Vinegar. Highly seasoned dishes.
3. Alcohol, carbonated beverages, strong tea, black coffee, gravies, soups, meat extracts.
4. Rough foods. Porridge, unless strained, allbran, shredded wheat. Wheat and rye crispbreads, digestive, wholemeal and coconut biscuits. Pips and skins in jam, marmalade, fruit and vegetables. Nuts and dried fruit. Small bones, skin and gristle in fish and meat.

5. Rich foods. Fried food. Fat fish, shell fish. Pork. Bacon and beef in early stages. Suet puddings and any pastry.

Allowed

1. Weak tea, ovaltine, etc., patent milk foods.
2. Finely ground cereals, cornflakes, groats, strained porridge.
3. Stale white bread, Marie or similar plain biscuits, sponge or plain cake, rusks, thin crisp toast buttered cold.
4. Jelly jam or marmalade, honey, syrup or lemon curd.
5. Milk puddings, jelly, steamed sponge pudding.
6. White fish, soft roes, minced lamb or veal, rabbit, chicken, tripe, sweetbreads, brains, minced liver, soft or grated cheese, thinly cut ham or tongue.
7. Sieved green vegetables, flower of cauliflower, mashed root vegetables, purée of tomatoes.
8. Fruit; stewed (no skin or pips), or sieved. Mashed ripe banana. Strained fresh fruit juice taken with a meal.

Discretionary Additions

Tender whole lamb, veal or beef.
Crisp grilled bacon.
Tender inside leaves of lettuce.
Pipped, skinned raw tomato.
Tinned peach and pear.

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OBITER DICTA

MR. F - - - - :

'Fainting is the Ascheim-Zondek of the West End Stage.'



THE CAROL CONCERT

ST. BARTHOLOMEW-THE-GREAT was perhaps more crowded this year than last for the Carol Concert given by the Rahere Choir on Tuesday, December 13. The large attendance surprised even the organizers and also those late comers who could only find standing room.

The programme was divided into two parts. The first in which the congregation were given welcome opportunities to join with the choir, opened with a 16th Century Round, *All into Service*. This unusual and most effective choice was well performed with vigour, yet with good balance of parts and control. The only criticism that can be levelled against it, was its brevity. This robust beginning contrasted strongly with Byrd's *Cradle Song*; here the Choir showed as in previous concerts, that it knows how to sing pianissimo, the delicacy with which it was performed was admirable. In *Smert's In Die Nativitas*, Hugh Bower led the male voices. The singing apart from the solo lacked definition and the words were inaudible, this item was also marred by the fact that the voices and the accompanying violins could not agree as to the correct pitch. This was followed by *On Christmas Night* arranged by Vaughan Williams. Sung with that crisp freshness which is peculiar to young voices, the rendering of this Carol was graceful, full of movement and what a pleasant surprise to hear the words.

In spite of a polished soprano solo, *Lullay My Liking* was a disappointment: the refrain lacked that delicacy the Choir had shown earlier. The Kennedy Scott arrangement of *Angels from the Realms of Glory* was spoiled by a time-lag between the Choir and Organ, and why must the tenors shout in the last cadence of the Gloria?

Anne Cassal then played Bach's *Fantasia and Fugue in C minor for Organ*. Her registration and build-up to the climax of the Fugue were commendable. Tribute must also be paid to Miss Cassal's unobtrusive yet effective accompaniment of the Carols.

The second half was devoted to one work, *A Christmas Cantata* by Geoffrey Bush. The

Chorus-master, Richard Sinton, was ambitious to attempt this, perhaps too ambitious, for although there was much competent singing, the performance was uneven. Mary Crapnell gave a beautiful interpretation of the soprano solo, and Barbara Graham gave a polished exposition of the oboe obligato, an instrument which is kindly treated by the acoustics of St. Bartholomew-the-Great. Unfortunately, the orchestra were insufficiently rehearsed and demanded much of the conductor's time that should have been devoted to the Choir.

The First Good Joy That Mary Had was well sung, the balance between soloist and choir being correctly adjusted and the changing moods of the verses well brought out. Similar praise may be given to *Little Jesus Sweetly Sleep*, where the Choir showed once again how well they could sing a lullaby. The less happy parts such as *Rejoice* showed the sopranos' timidity with the higher notes and it was quite obvious that a small number of them were doing all the work. In general the standard was high, being particularly good in the quieter passages.

The credit for the high musical standard of this Concert is due to the enthusiasm and indefatigable energy of Richard Sinton, the Conductor. It should be pointed out that the Choir, relying as it does almost entirely upon Nurses for its female voices, is beset with the hazards of night duty and posting to Hill End. This change in the population means that the Choir has to be practically reformed for each concert. This difficulty could be lessened if more women students and other members of the Hospital Staff would join the Choir. There are vacancies for all voices: anyone interested should contact Noel Rice at the Hospital.

* * *

The next Concert by the Rahere Choir will be given at Easter. Full details will be announced later.

L.P.

PSYCHOSIS

I saw a man in black
Hanging on the old gnarled oak
Above the broken track
Swaying in his tattered cloak.

His clothes flapped in the Wind
The branches clutched at his head
And as I looked he grinned—
But I knew the man was dead.

I smelt the rotting flesh
Though it seemed my senses lied,
And horror loomed afresh—
It was by my hand he died

I touched the rigid form
The rope was slack and free:
But was it a face I felt
Or the wood upon the tree ?

I thought the fat lips grated
A whispered curse of hate,
And as aghast I waited
Out came the croaking spate.

The hellish spirit lurked
Earthbound where'er I trod—
From the time the scaffold jerked—
My soul was lost to God.

I shuddered with remorse
And tore myself from the sight
Breaking the evil force
And fled into the night.

But always a man in black
Hangs on the old gnarled oak
Above the broken track
And sways in his tattered cloak.

J. D. PARKER.

ABERNETHIAN SOCIETY

On Thursday, December 1st, the Society met in the new Physiology Lecture Theatre, Charterhouse, to hear four members of the staff, Drs. Borrie, Nicol and Oswald, and Mr. Howkins each recall 'My Most Interesting Case'.

Dr. Borrie described a series of cases which were remarkable in dermatology in that there was nothing to be seen. Some were examples of parasitophobia, a type of paranoid schizophrenia. There was the woman who complained that insects came from her head and persisted in "dutting" around her. Another, a man, sent six pages of typescript devoted to a minute description of the insects which inhabited him. When Dr. Borrie was unable to identify the insects from his description, the patient asked him to refer the matter to a reliable Professor of Entomology, or failing this to the B.B.C. who might broadcast an appeal for help. Finally there was the man who came to Bart's complaining of 'smelly feet'. On examination there was no smell at all, a fact all the more remarkable as the patient had walked up that morning from Stevenage. He later told them that he was being chased by the police for sending a post-card to his girl friend with on it the magic phrase 'Meet me in the woods'. Dr. Borrie concluded by observing that 'if dermatology is a visual art, then it's second sight you need!'

Mr. Howkins told how one day he was summoned by a guttural voice over the telephone, to

a woman whose uterus had been perforated during curettage. He went to find what was apparently a straight-forward case of abortion until the piece of 'cord' shown him was recognised as ureter. Laparotomy revealed the uterus and its ligaments torn to shreds, a decapitated foetus in the pouch of Douglas, and the terminal ileum torn from its mesentery. The repair of this, including nephrectomy for the torn ureter, took only 50 minutes, and the woman left the nursing home some weeks later fit and well, but indignant that Mr. Howkins should have seen fit to remove her kidney.

Mr. Howkins followed this with an encore about a woman he had recently operated on with an ovarian cyst weighing 108 lbs.—a record for this country. The cyst had ruptured at operation, and the surgeons had ended up paddling in a sea of pseudo-mucin.

Dr. Nicol said that he had decided not to relate the story of the patient who complained to Aneurin Bevan that he was not believed, when he said that he had caught gonorrhoea by diving from the top board of the local swimming pool; nor the story of the patient with urethritis who treated himself with irrigations—of Daz, with the aid of macaroni. Instead he described a family which had had seven normal children until somehow syphilis had crept in. The next few children were all born with congenital syphilis, and it was not

until mother was pregnant with Charlie—the fourteenth—that the disease was discovered and treated. Thus Charlie was born normal, a case clearly of fourteenth time lucky!

Dr. Oswald described the case of an old woman aged 71, by profession a brothel proprietress. She had been admitted to Bart's on many occasions despite the complaints of the Sisters that she upset the young nurses. She was remarkable in that on at least 15 occasions she had collapsed a part or whole of her left lung. This was cured simply by forcing her to cough up a vast plug of mucus. This plug formed a beautiful cast of her main lobe bronchi. Numerous bronchograms and biopsies had shown no abnormality other than an excess of goblet cells in the bronchi of the left side only. Replying to a question, Dr. Oswald said that this was a congenital abnormality, and it was not known whether the mucus was abnormal in either quality or quantity.

* * *

On Thursday, December 8th, Professor G. J. Cunningham gave a talk entitled 'The Long and Short of It'.

Professor Cunningham, who left Bart's only a year ago to become Professor of Pathology at the Royal College of Surgeons, said how pleased he was to have this opportunity of speaking again to the Hospital. He had chosen his title 'The Long and the Short of It' deliberately to arouse interest; he hoped however that no-one had come expecting to get 'M.B. pathology on the back of a postage stamp'. In fact, he was going to talk about giants and dwarfs, a subject which had interested him for several years.

Professor Cunningham illustrated his talk with many lantern slides of famous giants and dwarfs. A notable giant was Tom O'Brien, who lived in London at the end of the 18th century. Nearly eight feet in height, he died aged 22 with his house surrounded by surgeons all trying to get hold of the body. Knowing this, O'Brien had asked to be buried at sea, but somehow the body fell into the hands of John Hunter, and the skeleton stands to this day in the Royal College of Surgeons.

Most giants die young, probably as a result of the pituitary tumour which is causing their gigantism. Dwarfs, however, have a more normal life-span, and for show purposes the best dwarfs are the old ones, for there can then be no doubt that they are not merely children. Dwarfs have been displayed at fairs for centuries, and the Royal College of Surgeons has a portrait and the skeleton of the 'Corsican Fairy', a woman of 2ft. 10ins. who was shown at West Smithfield. The most famous dwarf of all was Charles Straffen, who did not grow between the ages of 6 months and 6 years. The son of a Puritan family in Connecticut, his height of 2ft. 7ins. was thought by his parents to be a judgment upon them. He was spotted by Barnum and brought to England. After being shown at Court, he was exhibited to the public as General Tom Thumb. The public flocked to see him and Tom Thumb made a fortune. He retired at the age of 20, but some years later, when Barnum went bank-

rupt, Tom Thumb came out of retirement and helped him to start again.

Professor Cunningham said that most dwarfs were oddities occurring in an otherwise normal family, and the children of dwarfs were usually of normal size. Since the foetus was of normal size, it was often fatal for a female dwarf to become pregnant. It was often thought that a dwarf would want to marry another dwarf, but this was a mistake, and Professor Cunningham ended by emphasizing that the thing that most dwarfs wished to do was to live a normal and useful life. As evidence of this, he showed last a slide of a group of three dwarfs that had recently set up a grocery shop in Surbiton.

EXAMINATION RESULTS

UNIVERSITY OF OXFORD

Final B.M. Examination, December, 1955

MEDICINE, SURGERY, AND MIDWIFERY
Darquier, A. F. Edwards, J. G.
Ferguson, A. D.

The following students completed the examination for the degree B.M., B.Ch.:

Darquier, A. F. Edwards, J. G.
Ferguson, A. D.

UNIVERSITY OF CAMBRIDGE

Final B.M. Examination, December, 1955

PATHOLOGY AND PHARMACOLOGY

Beard, M. F.	Bloomer, A. C. S.
Cameron, D.	Chamberlain, D. A.
Downham, D. W.	Goodliffe, A. D. R.
Keegan, F. J.	Mulcahy, P. D.
Rice, N. S. C.	Salisbury, A. J.
Shaw, J. H. W.	Sleight, M. W.
Swinburne, K. A. McL.	Thomas, D. W. P.
Thompson, J. M.	Whalley, R. C.
White, H. J. O.	Wooster, E. G.

MEDICINE

Bartlett, D. J.	Bloomer, A. C. S.
Dawrant, A. G.	Hudson, C. N.
Jones, P. M.	Norbury, K. E. A.
	Rothwell-Jackson, R. L.

SURGERY

Bartlett, D. J.	Buckle, R. M.
Heyes, F.	Hudson, C. N.
Nottidge, R. E.	Jones, P. M.
	Rothwell-Jackson, R. L.

MIDWIFERY

Bartlett, D. J.	Beard, R. W.
Hudson, C. N.	Nottidge, R. E.
	Rothwell-Jackson, R. L.

The following students completed the examination for the Degree M.B., B.Chir.

Jones, P. M.	Tait, J. A.
Bartlett, D. J.	Beard, R. W.
Buckle, R. M.	Heyes, F.
Hudson, C. N.	Norbury, K. E. A.
Nottidge, R. E.	Phillips, B. S.
	Rothwell-Jackson, R. L.

HOSPITAL APPOINTMENTS

The under-mentioned appointments to the medical staff take effect from the dates indicated :

Mr. Hume's Firm Junior Registrar	Mr. N. E. Winstone (vice Regan) 1.1.56.
Mr. Hosford's Firm Junior Registrar	Mr. P. Knipe (vice Burn) 1.1.56.
Surgical Professorial Unit Junior Registrar	Mr. N. S. Painter (vice Rothnie) 1.1.56.
Casualty Department Registrar	J. I. Burn (as locum tenens from 1.1.56 until permanent appointment is made).
Ophthalmic Department	Mr. J. H. Dobree, to assist temporarily in the work of the Department during the absence on sick leave of Mr. A. S. Philips.

HOUSE APPOINTMENTS

Dr. G. Bourne Dr. J. M. S. Knott (acting temporarily)	J. S. Malpas W. G. Harris (until 31.3.56) P. H. N. Wood (from 1.4.56)	Mr. C. Naunton Morgan Mr. D. F. Ellison Nash	T. A. Boxall Miss M. J. Witt (until 31.3.56) L. Cohen (from 1.4.56)
Dr. E. R. Cullinan Dr. K. O. Black	R. A. Bugler J. A. Tait (until 31.3.56) K. E. A. Norbury (from 1.4.56)	CASUALTY H. P. CHILDREN'S DEPARTMENT Dr. Charles Harris Dr. A. W. Franklin	D. Fairbairn P. J. Burrows R. W. Beard
Dr. A. W. Spence Dr. Neville Oswald	J. H. Backhouse L. Cohen (until 31.3.56) Miss M. J. Witt (from 1.4.56)	E.N.T. DEPARTMENT Mr. Capps , Mr. Hogg, Mr. Jory, Mr. Cope. SKIN & V.D. DEPARTMENTS Dr. R. M. B. MacKenna Dr. C. S. Nicol	E. F. D. Gawne E. J. Ashworth R. E. Dreaper
Dr. R. Bodley Scott Dr. W. E. Gibb	R. A. Stroud A. D. Ferguson (until 31.3.56) J. E. A. Wickham (from 1.4.56)	EYE DEPARTMENT Mr. A. S. Philips Mr. Stallard	Miss R. E. Need
Dr. E. F. Scowen Dr. G. W. Hayward	Miss M. E. Staley J. Viner (until 31.3.56) R. M. Buckle (from 1.4.56)	GYNÆ. & OBS. DEPTS. Mr. J. Beattie Mr. Fraser Mr. Howkins	K. A. Clare (Intern) W. S. S. Maclay (Intern) H. A. P. King (Junior H.S.) Miss R. Hutchinson R. C. Nainby-Luxmore W. A. Berwick
Mr. J. B. Hume Mr. A. H. Hunt	D. A. O. Cairns P. H. N. Wood (until 31.3.56) W. G. Harris (from 1.4.56)	ANAESTHETISTS DENTAL DEPARTMENT ORTHOPAEDIC DEPARTMENT (Accident Service)	D. H. G. Hopkins
Mr. R. S. Corbett Mr. A. W. Badenoch	P. V. Rycroft J. E. A. Wickham (until 31.3.56) A. D. Ferguson (from 1.4.56)	AT HILL END HOSPITAL	
Mr. J. P. Hosford Mr. E. G. Tuckwell	J. C. T. Church K. E. A. Norbury (until 31.3.56) J. A. Tait (from 1.4.56)	ORTHOPAEDIC DEPARTMENT Mr. S. L. Higgs Mr. Burrows Mr. Coltart	J. H. K. Taylor S. L. Dale
Prof. Sir J. P. Ross Mr. G. W. Taylor	T. A. Evans R. M. Buckle (until 31.3.56) J. Viner (from 1.4.56)	THORACIC DEPARTMENT Mr. O. S. Tubbs Mr. Hill NEURO-SURGICAL DEPT. Mr. J. E. A. O'Connell	G. H. Fairley D. R. Farmer B. S. Phillips E. F. D. Gawne Miss R. Hutchinson R. C. Nainby-Luxmore
		E.N.T. DEPARTMENT ANAESTHETISTS	

SPORTS NEWS

LADIES' HOCKEY

LONDON UNIVERSITY TOURNAMENT

1st Round v. Queen Mary College

November 12. Won 7-3.

This was a very close game with changing fortunes which made it an interesting match to watch. Bart's went ahead at the start and were leading 2-0, but by half-time Q.M.C. had fought back to make it a draw of 3-3. The Bart's defence were playing a stalwart game, continually clearing to their forwards who, unfortunately, had not fully got the better of their opposition. After half-time, however, the forwards really came into their own with some good shooting, in which Miss J. Hartley was outstanding. Thanks too to some fine work by the Bart's backs and goalkeeper, Q.M.C. were not allowed to score again, although some dangerous movements were started on their right wing, which looked like being certain goals.

Bart's were admirably supported from the touch-line during the game by Professor Wormall, whose encouraging 'just two more goals Bart's' certainly seemed to do the trick.

RUGBY

1st XV v. Guy's Hospital. November 9. Won 6-0.

Despite the fact that the team was a little tired (this being their fourth match in six days), the victory was well deserved. At last co-ordination between all the forwards was achieved, and their passes to each other brought about some very useful movements which resulted in good goals.

1st XV v. Old Alleynians. At West Dulwich on November 20. Won 13-6.

From the outset it looked as though Bart's were going to have an easy win. The Hospital were soon on the attack, and Lloyd put the Hospital ahead when he crashed over the line from a loose maul near the corner flag. Halls converted from near the touch-line.

Bart's continued to attack with their three-quarters, especially Phillips and Lammiman, and soon went further ahead with an unconverted try by the latter, to which the Old Boys could only reply with a penalty goal.

In the second half the Bart's backs played even better, despite the poor service which their forwards gave them. Lammiman, now fully returned

to form, had some great runs on the right wing, and Phillips, as elusive as ever, was always ready to open up the game. Davies was in great form, and Charlton had a number of tricky runs from the back of the scrum. It was a forward, however, who scored again, in the person of D. B. Lloyd, who gathered the ball from a loose scrum near the line and dived over. Halls again converted. Old Alleynians then replied with another penalty goal by their Captain, O. J. Waite. The game ended with Bart's pressing strongly.

An easy win for the Hospital despite the absence of Gawne and MacKenzie.

TEAM: B. W. D. Badley; D. A. Lammiman, J. Neely, G. Halls, R. M. Phillips; P. R. Davies, C. A. C. Charlton; D. B. Lloyd, C. Carr, J. Dobian, D. W. Roche, K. E. A. Norbury, J. S. T. Tallack (Capt.), H. Thomas.

1st XV v. Metropolitan Police. At Ember Court on November 26. Lost 5-18.

The game opened sharply with vigorous pressure by the police pack, which is now reputed to be the best in London. They soon arrived near the Bart's line and within five minutes had scored a try under the posts which was converted. Bart's immediately retaliated and for a short time, play was confined to the middle of the field. The police, however, gained almost complete possession both in the line-outs and the tight scrums, despite some quick striking by Smith, who was playing his first game for the 1st XV.

The score was levelled by a typical run by Phillips who, taking a pass in our own half, ran hard to score under the posts. Halls converted. Play was then even for a short time, but it soon deteriorated from the Bart's point of view, for they had to defend continually for the remainder of the game. The police added to their score to the tune of two goals and a try. Not since the match with Streatham last season, has the Bart's pack been so badly beaten.

Outstanding for Bart's was J. Neely who tried to attack continually and defended most stoutly.

TEAM: B. W. D. Badley; D. A. Lammiman, J. Neely, G. Halls, R. M. Phillips; P. R. Davies, C. A. C. Charlton; D. B. Lloyd, P. Smith, B. Lofts, K. E. A. Norbury, D. W. Roche, J. S. T. Tallack (Capt.), E. F. D. Gawne, J. C. Mackenzie.

1st XV v. Saracens. December 10. Won 5-0.

This match was played on a beautiful sunny day and was watched by a few stout supporters including a vociferous Welshman. The ground was firm and from the moment the Saracens kicked off, the Hospital attacked with some fine back play. The Hospital obtained the ball in the line-outs and also in the loose, but not from the tight where the benefit of the scrummaging machine was not yet apparent. However, the Bart's pack, playing with

a fire that had been lacking the week before, dominated the play.

At half-time there was no score, but in the second half Tallack inspired the forwards with some rugged play. Gathering the ball in the Hospital twenty-five, he ran 60 yards through a ruck of players before being brought down by weight of numbers. Finally, after an excellent run by Lammiman which ended in touch, the ball was again passed out to him and he ran strongly to score a beautiful try. Halls converted. This try involved most of the backs, and was made possible by a quick heel from the loose. The final whistle went with the Hospital still pressing, the winners of an attractive match.

Whitehouse played a grand game, and Badley at full-back was in great form screwing the ball into the wind and making long touches.

Team: B. W. D. Badley; R. M. Phillips, G. Halls, J. Neely, D. A. Lammiman; R. L. Davies, C. A. C. Charlton; B. Loftis, P. Smith, D. B. Lloyd, K. E. A. Norbury, J. Creightmore, M. Whitehouse, J. S. T. Tallack (Capt.), H. Thomas.

ROWING

BART'S v. GUY'S RACE

This race was held at Putney on December 7, between crews composed entirely of novices, the course being from Putney Pier to Fulham Football Ground. In order to fulfil the agreement between the two clubs that the crews should be formed from gentlemen who started rowing at the beginning of that Michaelmas Term, four coxes with very little rowing experience were selected for the bow four.

The crews started from Putney Pier and Bart's went away with a good start to gain a lead of $\frac{1}{4}$

length. As they approached the Football Ground Guy's drew level but Bart's fought back and drew ahead again to win an excellent race by three feet.

The occasion was completed most enjoyably by a dinner with the Guy's Club at The Thames Club-house.

SPORTS CALENDAR

Wed.	Feb.	8.	Soccer: v. U. C. H. II. Home.
Sat.	"	11.	Rugger: v. Old Paulines (a.m.). Away. Soccer: v. Birkbeck College II. Away. Hockey: v. King's Coll., Camb. Away.
Wed.	"	15.	Soccer: v. King's Coll., II. Away.
Sat.	"	18.	Rugger: v. Streatham. Away. Soccer: v. Trin. Hall, Camb. Home. Hockey: v. Orpington. Home.
Wed.	"	22.	Soccer: v. L. S. E. II. Home.
Sat.	"	25.	Rugger: v. Old Haberdashers. Home. Hockey: v. St. Mary's Hosp. Away.
Sat.	Mar.	3.	Rugger: v. Old Millhills. Home. Soccer: v. Westminster Hosp. Away. Hockey: v. University Coll. Home.
Sun.	"	4.	Hockey: Past v. Present. At Chislehurst.

BOOK REVIEWS

Body Fluids in Surgery by A. W. Wilkinson. Published by E. & S. Livingstone Ltd., Edinburgh and London, 1955, pp. 212. Price 16s.

The author has set out to provide in 200 pages the basic information on the behaviour of body fluids in health and disease, and to give an account of the management of disturbances of the body fluids which occur in surgical patients. There have been three phases in the work on this subject. At first were recognised the differences between intra-cellular and extra-cellular fluid, the one being largely a solution of potassium salts, the other the "sodium space". In the second phase dilution techniques especially with the aid of radioactive and stable isotopes have led to a wider understanding of the total quantities of substances in solution, and their combination inside as well as outside the cells. In the third phase in which we are finding ourselves at present the convenient arbitrary division of body fluids into intra- and

extra-cellular portions has given place to a more dynamic conception. The cell membrane is no longer considered to be an inactive barrier or filter—"active transport" has been recognised which is a complicated metabolic process. The book deals adequately though somewhat dogmatically with these subjects. There is, however, a generous list of references which will enable the reader to pursue any point on which he wants more detailed and controversial enlightenment. Theoretical chapters deal with "Water", Sodium, Potassium, Acid-Base Balance, Metabolic Effects of Injury, and Shock. Practical advice is given on Acidosis and Alkalosis, Loss of Intestinal Secretions, and the general Effect of Disease on Electrolyte and Fluid Balance. The two last chapters are devoted to Diagnosis and Treatment, the last including the most recent experiences with plasma substitutes such as Dextran.

A sense of proportion is maintained. Repeated visits to the bedside at regular intervals do not

cost the patient any blood or discomfort and are commonly more rewarding than the perusal of reports of biochemical estimation of the composition of the body fluids. The hardest thinking must be done before any blood is withdrawn for chemical examination, and the examination of this blood should be planned to show if possible whether the clinical diagnosis is right or wrong.

H. LEHMANN.

BLOOD TRANSFUSION, by George Discombe, M.D., B.Sc. Lond. William Heinemann, 54 pages. 6s.

This pamphlet, published at a reasonable price, is of great value for reference and general reading to both house officer and registrar. The concise readable account of the most important aspects of transfusion can be quickly read and the advice contained can be used to ensure harmony between clinician and pathologist as well as eliminating obvious risks to the patient.

Whilst many hospitals have local individual organisation, many doctors and technicians will be pleased to have this pamphlet as a guide to perfect their own transfusion service.

Experts in blood transfusion may not agree with the dogmatic treatment of such controversial subjects as heating refrigerated blood or the omission of routine testing of the unknown serum against known cells as a check in ABO grouping. However although only twelve of the fifty four pages are devoted to the technique of ABO and Rh grouping and cross matching and several finer points have had to be omitted, the pamphlet contains the generally accepted views on transfusion.

Blood transfusion is one of the most important measures in treatment and many will be grateful to Dr. Discombe for having written such a lucid and factual account of the subject.

P. J. A. BUTCHER.

REHABILITATING THE TUBERCULOUS by MURIEL OWEN-DAVIES, A.M.I.A., S.R.N., S.C.M. Published by N.A.P.A. pp. 71.

This small book is a survey of the different sources of assistance available to the tuberculous patient. It rightly emphasises that rehabilitation must start as soon as the disease is diagnosed, and that the basis of the rehabilitation is 'the removal of fear of social insecurity arising from the disability'.

The long period away from work, which the treatment of tuberculosis involves, will always bring hardship for the patient's family. This survey shows clearly that many patients do not receive the full socio-economical help that is available to them, principally it seems, because they do not know that such help exists.

Clearly then, such a book as this is important to doctors and others who care for the tuberculous, for they should have the widest possible knowledge of all the many forms of help available. They could then dispense this knowledge with the same facility and thoroughness as they do other forms of treatment.

R.I.D.S.



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I need hardly remind you that the bacteria which cause disease are very fond of battenning on the likes of you and me. And what is it, you may well ask, that they find so delicious?

Well, one of the things, which it seems we keep always on the menu, is known to biochemists by the insufferable name of . . .

If only we had space for the rest of this instructive medical essay, which appeared originally in The Times, you could read it here. What we have got, however, is a collection of these diverting articles from the same celebrated pen. Would you like a copy of "The Prosings of Podalirius"? Just drop us a card at the address below.

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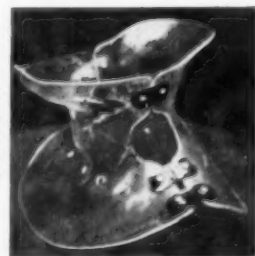
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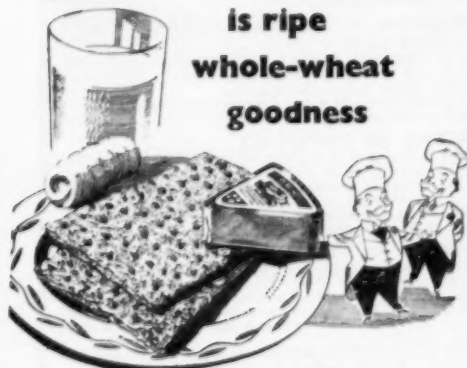
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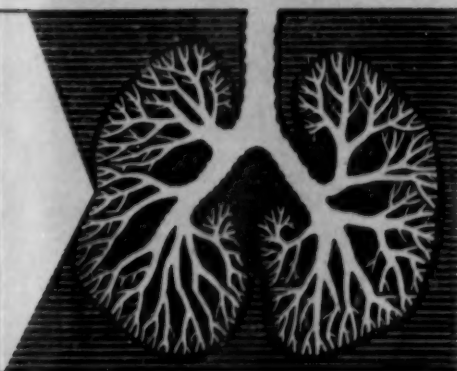
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